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

September 2019



Summary of Changes

The summary below outlines technical clarifications to the *Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* that were approved by the I&E Committee in July 2019. This version of the Guide supersedes the January 2017 version and is effective immediately.

1. **Procedures for Amending and Revising the I&E Peer Review Guide.** Adds guidance for revising or amending the Guide prior to the end of the 3-year peer review cycle.
2. **Roles and Responsibilities of the I&E Peer Review Working Group.** Designates the I&E Peer Review Working Group as the I&E Committee's designee for most peer review-related activities.
3. **Guidelines for Reporting Overall Assessment.** Clarifies that the written I&E peer review report must provide an overall conclusion as to whether the Reviewed Organization's internal policies and procedures complied with the covered Blue Book standards and must address whether the Reviewed Organization's work complied with covered Blue Book standards and the Reviewed Organization's internal policies and procedures for conducting I&E work.
4. **Procedures for Resolving Disagreements.** *Encourages* the Team Leader's OIG and the Reviewed Organization's OIG to resolve areas of disagreement prior to issuing the final peer review report.
5. **SAR Reporting.** Adds a resource with guidance on reporting peer review results.
6. **Use of the Checklists.** Emphasizes that the checklists in Appendices D & E should be used *only as guides* and that interpretations as to whether a Reviewed Organization's report or policies and procedures comply with specific Blue Book requirements should rely on the Blue Book standard itself, not the checklist questions.
7. **Preparation of the MOU.** Clarifies that the Team Leader's OIG and the Reviewed Organization's OIG should work to have a signed MOU *prior* to the peer review training/coordination session.
8. **CIGIE Responsibility for Peer Review Training.** Provides more detail regarding the CIGIE Training Institute's responsibilities as well as attendance requirements for the peer review training/coordination session.
9. **Reports Subject to Review.** Clarifies that the Reviewed Organization should provide a list of publicly and non-publicly released reports issued in the last 12 months (or 24 months, if 4 or fewer reports were issued in a 12-month period).
10. **Letter of Comment.** Clarifies options for the Reviewed Organization to provide combined or separate comments on the Summary Report and Letter of Comment.
11. This version of the Guide also includes editorial and formatting changes.

Table of Contents

Policy for Inspection and Evaluation External Peer Reviews	i
I. Purpose	i
II. External Peer Review Program	i
Guidelines for Conducting the External Peer Review	1
I. Preface	1
II. General Considerations	1
III. Objectives of the External Peer Review	2
IV. Scope of the External Peer Review	2
V. Committee Scheduling and Coordination of the External Peer Review	3
VI. Assignment of Peer Review Team Members.....	4
VII. CIGIE Training Institute’s Responsibilities for Peer Review Training and Coordination.....	5
VIII. Responsibilities of Reviewed Organization	6
IX. OIGs and External Peer Review Team Member Responsibilities	8
X. Planning and Performing the External Peer Review.....	10
XI. Reporting External Peer Review Results	14
XII. Maintenance and Disposition of Review Documentation	17
Appendix A: Modified External Peer Review	20
Appendix B: Template for External Peer Review Report.....	21
ENCLOSURE 1: Letter of Comment, Scope and Methodology	23
ENCLOSURE 2: Reviewed Organization Comments to Draft Report	27
Appendix C: Memorandum of Understanding	28
Appendix D: Policies and Procedures Review Checklist	35
Appendix E: Report Review Checklist	47
Appendix F: Work Plan Template	62
Appendix G: Process Checklist	65

Policy for Inspection and Evaluation External Peer Reviews

I. Purpose

i. The *Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (Guide) provides policy guidance for the Council of the Inspectors General on Integrity and Efficiency (CIGIE) members conducting external peer reviews of CIGIE organizations performing inspections and evaluations (I&Es).¹

ii. The purpose of the peer review is to facilitate learning across the I&E community and to support a fully professional I&E function across the IG community. Ideally, both the Reviewed Organization and the Review Team Members would learn from the process. The peer reviews discussed in this guide, like evaluations and inspections themselves, can and should be designed to fit different circumstances across the community. These flexibilities should be considered particularly in the case of new or small I&E units.

iii. The CIGIE external peer review program is designed to assure OIGs and their stakeholders of the I&E organization's compliance with covered Blue Book standards. External peer reviews provide a level of objectivity and independence in making this determination as well as a learning opportunity for both the Reviewed Organization and review team members. Specifically, the I&E organization under review (Reviewed Organization) stands to benefit from constructive feedback and/or validation of its work products and processes. Review team members gain exposure to different approaches to conducting I&E work that they can share with their organizations, potentially producing more robust I&E work across OIGs.

iv. This guide remains in effect until superseded or rescinded by the I&E Committee. The I&E Committee may also approve and publish a summary of interim technical clarifications and changes to the Guide, as appropriate.

II. External Peer Review Program

i. The I&E Committee manages and oversees the external peer review program. The I&E Peer Review Working Group is the I&E Committee's designee for managing external peer review-related activities, unless otherwise directed by the I&E Committee.

ii. As adopted and approved by the majority of CIGIE membership, OIGs with an I&E organization² that conducts I&Es in accordance with the Blue Book must undergo an external

¹ The *CIGIE Quality Standards for Inspection and Evaluation* (Blue Book) defines these as systematic and independent assessments of the design, implementation, and/or results of an Agency's operations, programs, or policies. They provide information that is timely, credible, and useful for agency managers, policymakers, and others.

² The term "I&E organization" is used throughout the Guide to designate the entity or staff performing I&Es regardless of size. OIGs may have a single organization performing both I&Es and audits.

peer review every 3 years.

iii. The Guide discusses two types of peer reviews—the required *External Peer Review* and the optional *Modified Peer Review*. The required External Peer Review of an Office of Inspector General’s (OIG) Inspection and Evaluation (I&E) organization is designed to assess whether an OIG’s I&E organization’s projects and reports complied with specific CIGIE Quality Standards for Inspection and Evaluation (Blue Book) standards and the organization’s associated internal policies and procedures. An optional Modified Peer Review is designed to assess the internal policies and procedures of an OIG I&E organization that has not conducted I&Es during the reviewed timeframe to determine whether they are current and consistent with covered Blue Book standards.

iv. The external peer review and the resulting report must be objective and independent. The reviews should be conducted to maximize efficiency and minimize unnecessary burdens on the Reviewed Organization and review team members.

v. External peer reviews must culminate in a written report. For the first 3-year peer review cycle, the reports will not include an overall rating, such as “pass/fail,” or “compliant/non-compliant.” However, the report must provide an overall conclusion as to whether the Reviewed Organization’s internal policies and procedures complied with the covered Blue Book standards. The report also must address whether the Reviewed Organization’s work complied with covered Blue Book standards and the Reviewed Organization’s internal policies and procedures for conducting I&E work. The report also should include findings, recommendations, observations, best practices as appropriate, and suggestions for improvement, as applicable.

vi. For the first 3-year cycle, the external peer review should cover the same seven Blue Book standards used in the pilot external peer reviews.³ The seven required standards are Quality Control, Planning, Data Collection and Analysis, Evidence, Records Maintenance, Reporting, and Followup. At the end of the second year of each 3-year cycle, the external peer review process, including its effectiveness, will be reevaluated. This reevaluation may lead to revisions and improvements to the external peer review process that would be recommended to the full CIGIE membership for approval, and, if approved, would be reflected in this Guide for the next cycle.⁴

vii. The peer review Team Leader is responsible for reporting results of the peer review. The Team Leader’s IG and the Reviewed Organization’s IG are ultimately responsible for resolving any disagreements between the external peer review team and the Reviewed Organization. The Team Leader’s OIG and the Reviewed Organization’s OIG are encouraged to resolve areas of disagreement prior to issuing the final peer review report. The Team Leader, the Team Leader’s OIG, and the Reviewed Organization may seek technical clarification, Blue Book interpretations, or general Blue Book assistance from subject matter experts on the I&E Peer

³ The scope of the pilot peer reviews was limited to the seven Blue Book standards. I&E organization heads stated that they would benefit more from insight and visibility into compliance with these standards than other more subjective standards, such as Independence and Professional Judgement.

⁴ Possible revisions to be considered for the second 3-year cycle include coverage of all 14 Blue Book standards and assigning of an overall grade or rating for the Reviewed Organization.

Review Working Group,⁵ as needed. The Team Leader’s IG and the Reviewed Organization’s IG should consult the I&E Committee Chair if disagreements remain unresolved.

viii. The Reviewed Organization should make the summary peer review report publicly available and may provide copies of the report⁶ to the head of its agency and appropriate oversight bodies. The external peer review Team Leader must provide the peer review report to the Chairs of CIGIE and the I&E Committee through their designated representatives.

ix. As outlined in the Inspector General Act, as amended (IG Act), the Reviewed Organization is required to disclose the performance and the results of its most recent external peer review in its Semiannual Report to Congress (SAR). The Reviewed OIG’s SAR also must list any recommendations from previous peer reviews that are outstanding or have not been fully implemented. The external peer review Team Leader’s OIG must also report required information on the Reviewed Organization’s external peer review in its SAR.⁷

⁵ The I&E Peer Review Working Group can be reached at iepr@cigie.gov.

⁶ Unless otherwise noted, references to a peer review report include the summary report, letter of comment, and the Reviewed Organization’s comments to the draft report.

⁷ The requirement to include this information in an OIG’s SAR is contained in Section 5 (14), (15), and (16) of the Inspector General Act, as amended. Section 989C of PL III-203 [also known as the “Dodd-Frank Act”] revised the IG Act to include these requirements. This requirement does not include the letter of comment and management comments to the letter. Guidance is available in the CIGIE Implementing Guidance for OIG Reporting of Peer Review Results in Semiannual Reports to the Congress.

Guidelines for Conducting the External Peer Review

I. Preface

The general standard for Maintaining Quality Assurance in the CIGIE *“Quality Standards for Federal Offices of Inspector General”* provides general guidance for performing an external peer review. This section of the Guide was developed to provide guidance for conducting an external peer review of an OIG I&E Organization, specifically, and to ensure the adequacy and consistency of the external peer review process across I&E organizations. While the review team should conduct its review pursuant to the guidance provided, the team may use its collective professional judgment in applying required review procedures.

II. General Considerations

Requirement for and Timing of an External Peer Review

1. An OIG that issued reports in accordance with Blue Book standards during the previous 3 fiscal years, regardless of when during the 3 years the reports were issued, must obtain an I&E external peer review every 3 years.⁸ The I&E Committee has responsibility for scheduling, overall management, and oversight of the I&E Peer Review Process. A 3-year cycle should provide IGs with insight into their I&E organization, while not being overly burdensome. An external peer review is required⁹ as of January 17, 2017.
2. OIG I&E organizations that did not conduct I&E work or issue I&E reports during this time period but had internal policies and procedures for conducting I&E work under Blue Book standards are not covered by this requirement; however, the IG may request that a Modified Peer Review be conducted. See Appendix A for additional information on the Modified Peer Review.
3. I&E organizations that did not conduct I&E work or issue I&E reports in accordance with Blue Book standards during all 3 prior fiscal years will be included in the peer review cycle as follows:
 - a. Generally, an I&E organization’s first peer review will occur after it has completed 3 full years of conducting I&E work and issuing I&E reports in accordance with Blue Book standards. The 3-year time period begins on the date the I&E organization issues its first final report.

⁸ OIGs with few reports should work with the Peer Review Team to determine how to scope the peer review appropriately.

⁹ The CIGIE I&E Roundtable recommends postponing the revision of the Blue Book dated January 2012 to include the requirement for an external peer review until the first round of required peer reviews is complete.

- b. An IG may request that the I&E Committee schedule an earlier external peer review.
- c. An IG may request a delay in the conduct of its peer review if significant changes in its work processes or internal policies and procedures would significantly reduce the usefulness of the review to the Reviewed Organization.
- d. An I&E organization's first external peer review must be conducted no later than five years after the date of issuance of the I&E organization's first final report.

4. The review team should adjust the scope of its peer review for a small I&E organization to reflect the complexity and volume of I&E work the Reviewed Organization performed. Additionally, the review team should consider the size and complexity of an I&E organization's structure and work in applying the Blue Book standards. For example, small I&E organizations that do not have formal, written internal policies and procedures should not automatically be considered noncompliant with Blue Book standards.

III. Objectives of the External Peer Review

The external peer review of an OIG's I&E organization is designed to determine whether the Reviewed Organization's internal policies and procedures addressed covered Blue Book standards and whether its reviewed I&E projects and reports complied with the covered Blue Book standards and the Reviewed Organization's associated internal policies and procedures. Further, the external peer review will facilitate learning across the I&E community and will foster development and education across the I&E community through the identification of best practices.

IV. Scope of the External Peer Review

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

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

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

2. The head of the Reviewed Organization may request that the external peer review team test compliance with additional Blue Book standard(s) or part(s) of other standard(s). However, the Reviewed Organization and the Team Leader should consider the time needed to perform the additional review, the impact on milestone dates, the availability of peer review team members, and other relevant factors before agreeing to increase the scope of the review. Changes to the scope of the standard peer review should be documented in the project file and must be noted in the Scope and Methodology section of the peer review report (Appendix B), as well as in the Memorandum of Understanding (MOU) (Appendix C).

3. The peer review team should use the “Policies and Procedures Review Checklist,” (Appendix D), to guide its assessment of the Reviewed organization’s policies and procedures. The review team should also use the “Report Review Checklist,” (Appendix E) to assess the reviewed reports’ compliance with the seven Blue Book standards. However, interpretation of a specific checklist question should rely on the Blue Book standard itself. The review team should adjust the checklists, as appropriate, based on the team members’ collective professional judgment. The checklists also should be adjusted to cover guidelines for any additional standards included in the review. Team members will apply the guidelines in a consistent manner.

V. Committee Scheduling and Coordination of the External Peer Review

1. External peer reviews are to be performed on the basis of a 3-year schedule. The I&E Committee, or its designee¹⁰ will oversee and maintain the external peer review process and schedule. The I&E Committee may permit and arrange an earlier or non-required external peer review when requested by an IG, provided sufficient reviewers are available and the requested review would not negatively affect the conduct of required peer reviews. The I&E Committee also may grant an extension requested by an IG if there are major changes in its I&E organization’s work processes, policies, or procedures that would significantly affect the usefulness of the peer review to the Reviewed Organization.

2. Prior to the start of each 3-year cycle, the I&E Committee will request information and data from OIGs to aid in the scheduling process. The information requested should include any prerequisites, such as security clearances, experience with unique software, or familiarity with a specific project type or topic. For scheduling purposes, I&E organization size will be considered. If a Reviewed OIG has more than one I&E organization reporting to different senior executives, a separate peer review may be performed on each organization. OIG I&E organizations will be assigned to categories such as small, medium, and large, to facilitate management of the peer review process.

¹⁰ The I&E Committee has adopted the Audit Committee’s approach, with the I&E Committee (or a designated sub-element) managing the external peer review process. As stated previously, the I&E Peer Review Working Group is the designee for managing external peer review-related activities, unless otherwise directed by the I&E Committee.

3. The I&E Committee should consider the following factors in setting the schedule: (1) the number of I&E organization staff members dedicated to I&E work, (2) pertinent measures of staff time spent performing I&E work, and (3) the number and types of I&E reports issued.¹¹

4. The I&E Committee should arrange the peer review schedule so that various sized I&E organizations are reviewed each year. Peer reviews may be scheduled throughout the year or conducted during a specific time period. Scheduling is dependent on the availability of the Reviewed Organization's staff, peer review team members, and CIGIE to provide the peer review training/coordination session. Once an initial peer review is conducted on a Reviewed Organization, subsequent peer reviews will be conducted every 3 years, beginning 3 years from the initial peer review. The I&E Committee may adjust the schedule when the I&E organization to be reviewed is unable to accommodate a peer review team or a sufficient number of peer review team members are not available.

5. The I&E Committee should coordinate I&E organizations' peer review schedules with those of the Audit and Investigation Committees. An OIG may request that the I&E Committee schedule one peer review of multiple I&E organizations, but the I&E Committee has the authority to decline such requests due to resource and time limitations.

6. The I&E Committee will request OIGs to nominate qualified I&E personnel to participate on external peer review teams. Generally, OIGs should provide four staff members during each 3-year period. An OIG with a small I&E organization or limited I&E staff should provide at least one team member when its resources and work priorities permit. OIGs may be requested to provide additional peer reviewers when needed to perform the scheduled peer reviews.

7. External peer reviews of OIGs within the Intelligence Community (IC) will be conducted using the same process employed in the unclassified environment.¹² However, peer reviews of IC IGs will be conducted by teams comprised of representatives of other OIGs within the IC to address security clearance requirements. IC IGs will participate in the I&E Committee and the CIGIE I&E Roundtable to ensure that their interests and concerns are represented as called for in the IC IG Forum.

VI. Assignment of Peer Review Team Members

1. External peer review teams should be comprised of staff from OIGs that currently perform I&E work. The I&E Committee will assign peer review teams to perform reviews of specific OIGs I&E organizations and then assign individuals to peer review teams. The external peer review teams should have the number of team members necessary to complete the review within the timeframes this Guide and the I&E Committee specified. The number of staff assigned to a peer review team depends on several factors, including, but not limited to, the size and geographic dispersion of the Reviewed Organization's offices or staff and the types and complexity of its I&E work. In no case may only one individual perform a peer review.

¹¹ The I&E Roundtable will use results of a survey sent to all OIGs to set a baseline size for I&E activities in OIGs and the number of products each organization produced.

¹² The IC IGs have established a peer review schedule that extends to 2019 and they have shared that with the I&E Committee for record keeping purposes.

2. Generally, external peer review teams will have four members from three or more OIGs. In some situations, a team may have more or fewer than four members or members from only two OIGs. The assignment of staff from different OIGs is intended to foster a diversity of views, enriching the value of external peer reviews.
3. Peer review teams should have at least one team member from an OIG of similar size to the Reviewed Organization. High priority should be given to ensuring that the Team Leader comes from an OIG of similar size to the Reviewed Organization. This is especially important for smaller OIGs and those with small I&E organizations.
4. Other factors that should be considered in assigning team members include whether the review requires individuals with specialized skills, such as an information technology (IT) specialist, statistician, staff capable of working with the Reviewed Organization's electronic software, and/or staff that meet special security requirements. Reviewed Organizations may have special security requirements relating to access to their work space, OIG IT systems, or documents and records that need to be considered when assigning team members. To minimize travel and remote access issues, team assignments should take into account the location of workpapers in relation to the location of review team members.

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

1. The CIGIE Training Institute's Audit, Inspection, & Evaluation Academy (the Academy) will provide a required external peer review training/coordination session for all peer review team members and POC(s) from the Reviewed Organization. The I&E Peer Review Working Group will provide to the Academy the participants' names, contact information, and team assignments 30 days prior to the date of the peer review training in order for the Academy to make logistical and other arrangements. If the Academy does not receive the pertinent information within the allotted timeframe the Academy reserves the right to reschedule the training, as necessary. Because of the importance of the training/coordination session, review team members and the primary and/or secondary POCs from the Reviewed Organization are required to attend. The Academy also reserves the right to limit attendance to only those team members conducting the review and POCs from the Reviewed Organization. If a team member or POC seeks an attendance waiver, they must send a request to the I&E Peer Review Working Group for approval. The Working Group will waive the attendance requirement only in rare circumstances.¹³
2. Prior to attending training, participants are expected to become familiar with the information in this Guide, including the respective responsibilities of the team members, team leader, and the OIGs. When possible, both review team members and the Reviewed Organization POC(s) should know their assigned roles prior to the training/coordination session. The Academy will send participants a list of documents and other information they should bring to the session.
3. The I&E Committee will identify and communicate to the Academy expected performance capabilities of the teams and team roles related to the peer review process. The Academy will

¹³ For example, a waiver may be granted for a replacement team member when an external peer review team member is unable to participate in the scheduled external peer review due to a personal emergency or legal commitment. If the replacement occurs after the training/coordination session, other team members should back brief the replacement.

then develop and deliver learning experiences linked to those performance-based desired outcomes.

4. Preliminary coordination between the Reviewed Organization staff and the assigned peer review team members is a planned, structured component of the Academy's training session. Other key components of the required training are:

- a. ensuring participants understand the purpose of the external peer review and the process for conducting the reviews;
- b. completing the I&E External Peer Review Work Plan Template (Appendix F);
- c. discussing and determining logistical arrangements and other requirements for obtaining access to needed information, people, facilities, etc.;
- d. discussing and reaching review team agreement on file documentation requirements, including format and content.

VIII. Responsibilities of Reviewed Organization

1. The Reviewed Organization must notify the I&E Peer Review Working Group of any training requirements, security clearances, or other prerequisites for team members assigned to its peer review before the I&E Committee schedules the review. Early identification of any special requirements will facilitate the assignment of team members and completion of the peer review.

2. The Reviewed Organization must designate both a primary and secondary points of contact (POC) who are responsible for handling the administrative and logistical arrangements for the external peer review and coordination within the Reviewed Organization. Reviewed Organization personnel should review this Guide to familiarize themselves with the process and its requirements.

3. The Reviewed Organization's POC(s) must attend the Academy's training/coordination session with the members of the review team conducting their peer review in order to coordinate the review. Prior to attending training, participants are expected to become familiar with the information in this Guide, including the respective responsibilities of the team members, team leader, and the OIGs. The POC(s) should also work with the peer review team leader and team members to have a signed MOU in place prior to the training/coordination session. The Reviewed Organization POC(s) attending the session should be prepared to provide the following information:

- a. availability of OIG personnel needed to schedule key peer review events, such as the entrance conference and onsite field visit; and
- b. a list of all I&E reports, grouped by types,¹⁴ publicly released in the last 12 months.

¹⁴ For example, memorandum versus full report, compliance reviews versus policy reviews, or I&E organization staff versus contractor performed. The Reviewed Organization should determine the categories used based on the types of projects its I&E organization conducts.

4. The POC also may provide the review team with the following additional types of information and materials:

- a. a list of non-publicly released reports issued in the last 12 months;
- b. if four or fewer reports were issued in the latter period, a list of reports publicly released in the 24 months preceding the review; and/or
- c. a list of other report(s) the Reviewed Organization would like the peer review team to include in the review.

5. The POC also should provide, or be prepared to discuss how and when they will be provided, the following information:

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

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

7. The Reviewed Organization POC will provide, when requested by the review team, access to the Reviewed Organization's documentation related to the previous peer review report.

IX. OIGs and External Peer Review Team Member Responsibilities

1. OIGs with I&E organization(s) should make qualified staff available to conduct external peer reviews, commensurate with the size and number of staff currently conducting I&E work. Generally, each OIG should provide four reviewers for each 3-year cycle. Smaller OIGs, or OIGs with a small I&E staff, should provide at least 1 reviewer. OIGs should promptly provide names of qualified staff members to the I&E Committee when requested, affirming their understanding of and commitment to making the reviewer(s) available to conduct the assigned external peer review, including all required pre- and post- review activities, within the timeframes the I&E Committee has established¹⁵ and as explained in this Guide.

2. OIGs should nominate staff members with significant current experience conducting and reporting on I&E work in accordance with the Blue Book standards. Knowledge or experience performing external peer reviews or internal quality assurance reviews is a plus, but not required. To further facilitate the team staffing and assignment process, OIGs must provide the I&E Peer Review Working Group with a brief summary of each reviewer's work experience and other relevant information, such as recent work with or for other OIGs, the reviewer's security clearance level, and the reviewer's special technical or other skills.

3. Review team members must attend the Academy's training/coordination session in order to effectively perform their roles and responsibilities, including effective coordination within their team and with the Reviewed Organization staff. Team members are expected to familiarize themselves with the peer review process and requirements described in this Guide prior to the session. Team members should be prepared to indicate their availability to facilitate the development of the review schedule, including dates for the entrance conference, onsite visit, and other key events. Team members can also prepare by reading the Reviewed OIG's last two SARs.

4. Team members should be prepared to spend approximately 15 days (120 hours) over 3 to 4 months to complete the external peer review activities, including:

- training/coordination session (1 day);
- planning and conducting the review, discussing and summarizing the results, and communicating the results of the review to the I&E organization officials (13 days); and
- post-issuance activities (1 day).

5. Conducting a peer review of a smaller I&E organization should take less than 13 days. However, in all cases, the training/coordination session and post-issuance activities still will require 1 day each. The Team Leader may spend up to an additional 3 days (24 hours) performing required team leader duties. The schedule and process for an external peer review may be adjusted to accommodate the schedules and requirements of the Reviewed

¹⁵ The I&E Committee or its designee will provide general timeframes for external peer reviews performed for each year of the 3-year period. The I&E Committee may further break down the annual schedule, by quarter or in some other manner.

Organization and/or review team members. A review team member's OIG is responsible for paying for all required travel.

6. A team member from an OIG with an I&E organization that has three or more uncorrected noncompliance(s) with a covered Blue Book standard from a prior I&E peer review may not serve as Team Leader.

7. The Team Leader is the review team's official POC with the Reviewed Organization's POC. The Team Leader also is responsible for:

- a. managing the overall peer review and ensuring the review complies with this Guide;
- b. performing logistical, administrative, and project management activities, such as coordinating the signing of the MOU, documenting the work plan, arranging entrance and exit conferences, forwarding information or documents from the Reviewed Organization POC, and requesting additional information or clarification from the Reviewed Organization;
- c. providing the Reviewed Organization with the draft and final reports, for review and comment, obtaining the Reviewed Organization's comments on the draft report, coordinating any needed revisions to the draft report with review team members, issuing the final report to the Reviewed Organization's I&E organization management and the Chairs of CIGIE and the I&E Committee, obtaining review team members' supporting documentation, and finalizing review documentation; and
- d. providing their OIG management with sufficient information to resolve any disagreements with the Reviewed IG that rise to the IG level.

8. The Team Leader's OIG also is responsible for:

- a. obtaining IG or OIG I&E organization head signature and issuance of the final report to the Reviewed Organization;
- b. storing and maintaining documents generated by review team members to support the team's findings, conclusions, and recommendations;
- c. reporting required information on external peer reviews conducted in its SAR,
- d. reporting instances of fraud, illegal acts, or abuse, if any, to the appropriate authorities, as required by law or regulation, and to the I&E Committee and Committee chairs, when appropriate;
- e. responding to requests for information, including questions regarding the peer review, and requests for access to peer review team documents; and
- f. ensuring the resolution of disagreements with the Reviewed Organization that rise to the IG level, if any.

X. Planning and Performing the External Peer Review

Timeframes for Completing the Peer Review

1. The I&E Committee will establish the timeframe for assigned peer reviews, including start dates and dates for issuance of final peer review reports. The Academy will determine the date of the one-day training/coordination sessions. Key milestones dates should be documented in the I&E External Peer Review Work Plan (Appendix F) and the MOU (Appendix C).
2. Team members should agree on timeframes and scheduling. I&E organization officials should agree with the general timeframes and specific dates for entrance and exit conferences, report issuance dates and due dates for receipt of the I&E organization officials' responses/comments to the report. The review team and I&E organization have maximum flexibility in setting the review schedule, provided the final report will be issued by the I&E Committee's established due date. If additional time is needed to complete the review and issue the final report, the Team Leader should notify the I&E Committee. In rare cases, the I&E Committee may approve an extension for issuance of the final report.

MOU

1. A MOU (Appendix C) is required to ensure mutual agreement on the fundamental aspects of the external peer review and to avoid misunderstandings. Review team members, their senior I&E executives, and the Reviewed I&E organization executive are to sign the MOU, indicating their agreement and understanding of the peer review process requirements. The MOU should address any special requirements for the review, such as clearances required to access or handle Personal Identifiable Information at the Reviewed Organization. If the peer review is to cover additional standards, this information should be documented in the MOU. Any revision or addition to the standard MOU must be approved by the signatories and the I&E Committee.
2. To ensure a timely start to the peer review, the MOU should be signed by all relevant parties prior to the training/coordination session to facilitate planning activities and resolve significant issues before beginning the peer review.

Planning

1. The following steps should be performed before the entrance conference:
 - a. Have all parties sign the MOU (Appendix C);
 - b. Finalize the I&E External Peer Review Work Plan (Appendix F); and
 - c. Review pertinent information and documents provided by the Reviewed Organization POC.

Entrance Conference

An entrance conference should be held to bring the parties together, discuss the ground rules

of the review, and facilitate conduct of the review. The parties should discuss the MOU (Appendix C to ensure a mutual understanding of its provisions. The Reviewed Organization's I&E officials should brief peer review team members on the organization's structure, work practices, and policies. Other required or beneficial briefings may be conducted after the entrance conference or at a mutually agreed-to time. The I&E organization and the peer review team should work collaboratively to ensure that the review is performed efficiently, effectively, and completed within the required timeframe.

Revising the Work Plan

The review team may revise the work plan developed during the training/coordination session based on information and discussions from the entrance conference. Revisions may include such things as changes in the reports selected for review or milestone dates. Changes to milestone dates should be mutually agreed-to and adequately documented.

Conducting the Peer Review

1. This Guide includes three tools to help the peer review team conduct and document its review:
 - a "Process Checklist" (Appendix G) to guide review teams as they conduct reviews,
 - a "Policies and Procedures Review Checklist" (Appendix D) to guide the review teams in assessing the Reviewed Organization's internal policies and procedures against each of the seven Blue Book standards included in an external peer review, and
 - a "Report Review Checklist" (Appendix E) to guide review teams in determining whether the reports selected for review and the associated documentation complied with the covered Blue Book standards and the I&E organization's associated internal policies and procedures.
2. The team members should amend the checklists to address any additional Blue Book standards covered in the review.
3. The review team should determine the most efficient and effective way to review the selected reports. The Team Leader should arrange for review team access to an electronic work paper system prior to the review. When permitted, team members may choose to access and review work papers and/or project documentation prior to the onsite portion of the review, to make onsite time more productive. An onsite review or visit is required to obtain access to a Reviewed Organization's IT system, information security requirements, or for other reasons. An onsite visit also gives review team members an opportunity to confirm the lead reviewer's observations on their assigned report and discuss and resolve any differences of opinion.
4. The review team should follow the agreed-to work plan and the Process Checklist (Appendix G). The peer review team should exercise their combined professional judgment in adjusting the process timeline for the particular peer review. Whatever approach the team members agree-to should include a significant amount of team communications—both verbal such as in person, via telephone, or remote conferencing and written, e.g. email or other electronic means.

Review of I&E Organization’s Implementation of Prior Peer Review Report Recommendations

1. Review team members should review the I&E organization’s previous peer review report and assess the organization’s implementation of the report’s recommendations, if any.
2. Review team members should assess for accuracy and completeness the I&E organization’s description/representation of:
 - a. the corrective action(s) taken in response to the prior peer review recommendations,
 - b. the status of any open recommendations or corrective actions, and
 - c. the explanation for the open status.
3. The review team’s findings and conclusions should be included in the peer review report. The Team Leader’s OIG will need to include this information in its SAR.

Review of I&E Organization’s Policies and Procedures

1. All review team members should assess and form a conclusion as to whether the I&E organization’s policies and procedures, if properly performed, address and would implement each of the seven required Blue Book standards and any additional standard(s) covered in the review. Doing so will provide the team with the foundation necessary to assess whether the I&E organization complied with its own policies and procedures and whether, overall, the office’s work complied with the seven Blue Book standards.
2. Team members should discuss their conclusions and resolve differences of opinion, if any, about whether the organization’s internal policies and procedures comply with Blue Book standards. If the team needs further clarification of organization policies and procedures, the Team Leader should forward related questions to the Reviewed Organization POC. The review team should document its assessment and conclusion(s) in the “Policies and Procedures Review Checklist” (Appendix D).

Review of Selected Reports

1. Reports selected for review are to be listed in the work plan (Appendix F). Generally, each team member should review at least one report. The team member should review the assigned report(s) by comparing the report and its documentation to the Blue Book standards and the I&E organization’s internal policies and procedures. The Blue Book fully defines all requirements related to the standards used in the review. Team members should use the “Report Review Checklist” (Appendix E) as a guide when conducting and documenting each review. However, **interpretation as to whether a report complied with a specific Blue Book requirement should rely on the Blue Book standard itself, not the checklist question.**
2. For assigned report(s), team members must trace the report’s findings back to the work papers and/or project documentation and determine whether the report’s conclusions and recommendations logically flow from the documented findings. Team members also may speak

with individuals who conducted the review(s) to gain the I&E team's insights into the report(s) being reviewed. After completing the review, the team member should identify areas of concern, if any, and formulate related conclusions. The team should reach consensus on whether such an area of concern rises to the level of a finding. Findings should be included in the peer review report. A finding indicates that the I&E organization did not comply with one or more of the covered Blue Book standards. The review team also should identify findings applicable to more than one report and discuss appropriate recommendations.

3. When a report selected for review is conducted by an outside contractor, contract provisions may limit the review team's ability to review the supporting documentation. In such cases, the team member should review the I&E organization's and/or the Reviewed Organization's policies and procedures for overseeing the contractor's compliance with the covered Blue Book standards and the Reviewed organization's internal policies and procedures. Oversight activities may be reflected in quality control or quality assurance reviews of the contractor's work or in the contract requirements through a contracting officer representative, or someone in a similar position. In addition to findings, the peer review report should include the review team's conclusions and observations as to whether the Reviewed Organization provided the oversight called for in its policies and procedures.

4. The Team Leader is encouraged to informally discuss with the Reviewed Organization POC any factual issues or concerns identified during the review. Early resolution of these issues may make the exit meeting more productive and efficient.

Documentation Requirements

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

2. The review team should use the "Policies and Procedures Review Checklist" (Appendix D) to document its comparison of I&E organization policies and procedures to the required Blue Book standards. For each standard, documentation should include:

- a. reference(s) to the I&E organization's policies and procedures that address the standard's requirements and other guidance the review team considers significant;
- b. issues of concern the review team identified;
- c. pertinent comments or explanations for the conclusion(s) reached regarding compliance with the standard;
- d. the team's recommendation(s) or suggestion(s), if any, for addressing issues of concern identified in the report or improvements to existing guidance; and
- e. observed best practices, if any, with appropriate references.

3. Team members should use the "Report Review Checklist" (Appendix E) to document their

reviews of the selected reports. For each covered standard, documentation should include:

- a. the requirements of the specific Blue Book standard as listed in the “Policy and Procedures Review Checklist” (Appendix D);
- b. the requirements of the internal policies and procedures for the subject standard;
- c. whether the report generally complied with the Blue Book standards and the organization’s internal policies and procedures;
- d. compliance issues or concerns identified, if any, with references to applicable project working papers or documentation;
- e. comments explaining the reason(s) for the report’s conclusion;
- f. recommendations or suggestions for addressing issues, concerns, or instances of noncompliance identified in the report; and
- g. observed best practices, if any, with pertinent references.

4. Finally, the team should prepare a summary of the results of the individual report reviews that addresses each covered standard. The summary should document the basis for the team’s assessment of whether the reviewed reports generally complied with the required standards and the I&E organization’s associated policies and procedures.

5. Copies of the I&E organization’s project file documentation or work papers are not required. The team should determine whether a copy of the I&E organization’s policies and procedures is integral to overall documentation and, therefore, needed in the peer review project file.

6. The team should document dissenting opinion(s) and unresolved issues, if any, in the peer review project file. If the team considers an area of disagreement to be significant, the Team Leader should bring the issue to the I&E Committee or its representative for resolution.

XI. Reporting External Peer Review Results

General Considerations

The reporting process must include: an exit meeting with I&E organization officials; a draft report; the Reviewed Organization’s comments on the draft report; the review team’s consideration of the Reviewed Organization’s comments; and a final report. The team should use “The Template for an I&E External Peer Review Report” (Appendix B). The final peer review report should include the Reviewed Organization’s comments to the draft Summary report and Letter of Comment as an enclosure(s).

Exit Meeting

At the end of the review, the review team must hold an exit meeting with the reviewed I&E

organization head and other individuals the organization head would like to include. The review team must provide an early version of the draft report, also known as a discussion draft, at the exit meeting and respond to the I&E organization's questions. The document should include the reviewed reports, the process the team used to conduct the review, and the review team's conclusions regarding the organization's compliance with its own policies and procedures and the Blue Book standards. Providing the I&E organization's POC with a copy of the written document in advance of the exit meeting should facilitate discussions, the resolution of any outstanding factual disagreements and issuance of the draft and final reports.

Draft Report

1. The review team should draft the external peer review report using the template in Appendix B. The draft report must include a report summary and a Letter of Comment, Scope and Methodology (Appendix B, Enclosure 1).

2. The summary report should:

- a. state that the required review was conducted in accordance with the I&E Committee guidance as described in the *CIGIE Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General*;
- b. explain the objectives of the peer review;
- c. list the seven Blue Book standards the review covered, plus the addition of other standards reviewed, and why they were included;
- d. provide an overall assessment of the Reviewed Organization's compliance with the reviewed Blue Book standards; and
- e. include best practices as appropriate.

3. The Letter of Comment's Scope and Methodology section should:

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

4. The Results and Findings section of the letter of comment should contain the review team's assessment of whether the I&E organization's policies and procedures address each of the seven required Blue Book standards plus any other standard(s) covered in the review. It also should describe the review team's findings as to whether each reviewed report complied with the Blue Book standards and associated I&E organization policies and procedures. Additionally, the report should include best practices, as appropriate.

5. The team may provide its recommendations immediately after the related discussion or at the end of the letter of comment. The review team also may include pertinent observations based on their experiences or suggestions based on best practices used by their own OIGs, other OIGs they are familiar with, or the Reviewed Organization as identified during the peer review.

6. The review team should consider any additional information the reviewed I&E organization provided during, or as the result of, the exit meeting, prior to issuing its draft report. The draft report should be issued no later than 2 weeks after the exit meeting.

I&E Organization Officials' Comments on Draft Report

1. To ensure the objectivity, accuracy, and completeness of the report finding(s), the reviewed I&E organization officials should have 15 calendar days to review the draft report and submit written comments. The Reviewed Organization may provide:

- a. separate comments addressing the Summary Report and separate comments addressing the Letter of Comment;
- b. comments addressing only the Summary Report or the Letter of Comment; or
- c. one set of comments addressing both the Summary Report and the Letter of Comment.

2. The time period may be increased by mutual agreement, provided it does not adversely affect the peer review team's ability to issue the final report by the due date the I&E Committee set. The review team should review the I&E organization officials' comments and determine what revisions, if any, should be made to the draft report. The review team may discuss the I&E organization officials' comments with them to obtain further clarification or information. The Reviewed Organization's officials' written comments to the draft report must be included as an enclosure to the final report.

Final Report

1. All review team members must provide written agreement with the report content, through emails or other written methods, as determined by the team and the Team Leader must retain team member approvals in the project file. Either the IG or the head of the I&E organization of the Team Leader's OIG must sign and issue the report on its OIG letterhead. The final report should include the Reviewed Organization's officials' written comments to the draft report as an enclosure.

2. The Team Leader should provide the final report to the Reviewed Organization head within 15 calendar days of receiving the organization's comments to the draft report or resolution of issues discussed subsequent to submission of the comments.

Report Distribution and Follow-Up

1. The Reviewed Organization and its OIG should make the final peer review report publicly available and may provide copies of the report to the head of its agency and appropriate oversight bodies. The Team Leader will provide both the final report and the letter of comment to the Chairs of CIGIE and the I&E Committee through their designated representatives. The Reviewed Organization's officials' written comments should be included as an enclosure to the final report as follows:

- a. Comments to the draft Summary Report should be included as an enclosure to the final Summary report.
- b. Comments to the draft Letter of Comment should be included as an enclosure to the final Letter of Comment.

Comments that address both the draft Summary Report and the draft Letter of Comment should be provided as an enclosure to the final Summary Report or final Letter of Comment as specified by the Reviewed Organization.

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

3. The Reviewed Organization is responsible for implementing recommendations in the external peer review report. The Reviewed Organization's subsequent peer review should follow up on the implementation of prior recommendations. The Reviewed Organization may implement the report's observations and/or suggestions at its discretion.

XII. Maintenance and Disposition of Review Documentation

Storage and Maintenance of Review Documentation

The peer review Team Leader's OIG is responsible for storage and maintenance of review team-generated documents. The Team Leader's OIG should either handle record retention/archival/destruction responsibilities under its existing policies and procedures for I&E work or retain the records until the Reviewed Organization's subsequent peer review is completed. The Team Leader's OIG should apply the same custody and physical and electronic security practices to the external peer review documentation that it applies to its own I&E documentation. These policies should include safeguards against unauthorized use or access to the documentation. Nonetheless, the peer review team-generated documentation should be retained at least until the Reviewed Organization's subsequent peer review is completed. The

Team Leader's OIG will provide the subsequent review team with access to the documentation upon request.

Responding to Requests for Review Documentation

1. When the Review Team receives requests or legal demands for peer review documents, the Team Leader's OIG is responsible for coordinating and providing the response. The Review Team Leader's OIG must consider any documents received from the Reviewed Organization to still be within the Reviewed Organization's possession and control.

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

Freedom of Information Act (FOIA) Requests

1. For all FOIA requests for peer review documents, the Reviewed Organization and the Team Leader's OIG will comply with statutory provisions, regulations, applicable implementing agency FOIA guidance, and applicable case law in determining the response.

2. For all requests for peer review documents received **after** issuance of the final external peer review report, the Team Leader's OIG is responsible for coordinating and providing the response to the requester.

3. Requests for peer review documents received **prior** to issuance of the final external peer review report from, including, but not limited to, the public, members of Congress, congressional committees, or congressional committee chairs must be handled as follows:

- for requests under the Freedom of Information Act (FOIA) (5 U.S.C. 552), the Team Leader's OIG must:
 - a. provide documents supplied by the Reviewed Organization to the Reviewed Organization for response directly to the requester;
 - b. consult with the Reviewed Organization regarding the Reviewed Organization's information contained in documents generated by the peer review team; and
 - c. obtain the Reviewed Organization's disclosure recommendations and the legal basis relative to such information, provided, however, that the review Team Leader's OIG (or, where applicable, the review Team Leader's FOIA release authority) has final say as to the response to the FOIA requester.

Discovery Demands

In responding to discovery demands for some or all peer review documents under the

applicable rules of civil procedure or similar legal process and other legal authorities, including subpoenas:

- the Team Leader's OIG must:
 - a. advise the Reviewed Organization of the existence of such demands, and
 - b. advise the litigating parties or adjudicative body that the requested documents belong to the Reviewed Organization.

- the Reviewed Organization must:
 - a. advise the Team Leader's OIG whether or under what circumstances to produce the requested documents, or
 - b. intervene or otherwise communicate with the litigating parties or the adjudicative body about production of such documents or obtaining protective orders or the equivalent, as permitted under applicable law.

Requests from Oversight Bodies

For requests from oversight bodies, such as the Government Accountability Office, or reviewing bodies empowered to examine peer review entities:

- the Team Leader's OIG must:
 - a. advise the Reviewed Organization of the existence of such request, and
 - b. advise the oversight body that the requested documents belong to the Reviewed Organization.

- the Reviewed Organization must:
 - a. advise the Team Leader's OIG whether or under what circumstances to provide the requested documents, or
 - b. discuss the requested documentation with the oversight bodies.

Appendix A: Modified External Peer Review

An optional modified external peer review is available for an Office of Inspector General (OIG) with an Inspection and Evaluation (I&E) organization that did not issue any I&E reports during the applicable 3-year period. The IG must request that a modified peer review be performed.

The I&E Committee will determine whether the resources are available to perform a requested modified peer review without adversely affecting the required peer review schedule. A modified peer review may be applicable in two situations.

- An OIG's I&E organization maintains internal policies and procedures for performing I&E work and plans to perform such work in the future. In these cases, a peer review may help ensure that the organization's established¹⁶ internal I&E policies and procedures are current¹⁷ and consistent with Blue Book standards. A modified external peer review also may determine whether the I&E organization's established policies and procedures, if implemented as expected, would result in comply with the seven Blue Book standards covered by an external peer review and other mutually agreed-to covered standard(s).
- An OIG's I&E organization that did not perform and report on I&Es in compliance with Blue Book standards and did not have established internal policies and procedures for performing such work during the prior 3-year period also may benefit from a peer review. However, due to the lack of established internal policies and procedures, the scope of the requested modified peer review would reflect the individual situation.

If an IG requests a modified peer review, the I&E Committee may elect to assign team members with recent I&E experience and who work for an I&E organization that does not currently perform I&Es. A peer review team must consist of at least two members. For modified peer reviews, the time commitment for review team members and the Reviewed Organization should be less, and timeframes for review milestones shorter, than those for required peer reviews.

The peer review team must modify or adjust the scope and methodology of the peer review based on the situation. In general, the team should complete the review of the I&E organization's internal policies and procedures and then proceed to the reporting phase.

The review team should modify the Template for an I&E External Peer Review Report (Appendix B) to fit the scope of the review conducted, the area(s) of concern, and recommendations. The Scope and Methodology section also should state that a modified peer review was performed.

¹⁶ For purposes of this exemption or implementation of the modified peer review process, internal policies and procedures must be written to be considered 'established'. The written policies and procedures may be informal, e.g., not formally approved by the I&E organization's management, but they must constitute guidelines that the I&E Organization staff routinely follow. Non-written policies and procedures should not be the basis for a peer review, absent I&E work to verify compliance with them.

¹⁷ Policies and procedures are current if they are periodically updated and they describe the Blue Book standards the Reviewed Organization intends to follow.

Appendix B: Template for External Peer Review Report

(Team Leader’s OIG Letterhead)

["Modified"] External Peer Review Report ["Draft" if applicable]

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

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

(Name of Agency)

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

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

The Review Team determined that the [Name of Reviewed Organization] policies and procedures generally [met, did not meet, or met XX of] the seven Blue Book standards addressed in the external peer review. [List the Blue Book standard(s) or part of standards that were not generally complied with.] Of the XX reports reviewed, XX generally met [did not meet] the Blue Book standards and complied [did not comply] with [Name of Reviewed Organization’s] internal policies and procedures. [List the standards and/or the subject of the internal policy and procedures generally not met or not complied with.] [Do not include the last sentence for modified peer review.]

We have issued a Letter of Comment dated (insert date) (Enclosure 1) that sets forth specific findings, recommendations, observations, suggestions, and best practices identified during the peer

review. The [Name of Reviewed Organization] management officials provided a response to our Summary Report (Enclosure 2) in which they agreed with [or disagreed with XX of XX recommendations].

/s/

(Name), Inspector General [or head of Team Leader's I&E Organization]

Enclosures As
stated

ENCLOSURE 1: Letter of Comment, Scope and Methodology

The Review Team selected the following [insert number of reports reviewed] reports for review. [Insert an explanation of the basis or methods used to select the reports. If the Reviewed Organization suggested certain reports for consideration, identify the report(s) included for that reason.] Any changes to the scope or methodology for the review (i.e. agreements on streamlining for smaller I&E units as appropriate) should be documented in this section.

[List each report reviewed including title, number, and date issued.]

The Review Team conducted an onsite visit(s) [insert appropriate dates]. [Briefly describe additional methods used in conducting the review, such as interviews or briefings.] [Describe any constraints on the review team's ability to exercise its professional judgment and state the impact of this constraint(s) on the peer review.] [Describe any limitation on or impairment to the review team's independence, as well as mitigating actions taken, if applicable.]

RESULTS AND FINDINGS

INTERNAL POLICIES AND PROCEDURES

Based on the Review Team's assessment, if implemented, the [Name of Reviewed Organization] policies and procedures sufficiently address [or do not address] the seven required Blue Book standards as well as [insert any other mutually agreed-to standard(s)]. Those areas where the review team found that the [Name of Reviewed Organization's] policies and procedures did not adequately address a covered Blue Book standard are discussed below. [This discussion should include any instances when the I&E Organization's policies and procedures were insufficient or when the [Name of Reviewed Organization] did not comply with the relevant policies and procedures.]

COMPLIANCE WITH STANDARDS

The following is a summary of the Review Team's assessment of the four [revise number as applicable] [Name of Reviewed Organization] reports against the seven [revise number as appropriate] Blue Book standards included in this review.

QUALITY CONTROL

The CIGIE standard for inspection work is: *"Each OIG organization that conducts inspections should have appropriate internal quality controls for that work."* Key elements of this standard include establishing mechanisms for quality control, documenting those mechanisms, and ensuring adequate supervision.

Policies and Procedures:

Only include a summary of the I&E organization's policies and/or procedures for addressing/implementing a standard when the policies and procedures are insufficient or when the [Name of Reviewed Organization] did not comply with the policies and procedures.

Finding(s):

Discuss whether each reviewed report met the Blue Book standards identified in the report's scope section and complied with the organization's associated internal policies and procedures. For

example: “All reviewed reports met the both the Quality Control standard and the associated internal policies and procedures.” Or “X of X reviewed reports met the Quality Control standard and complied with the associated internal policies and procedures. This section also should describe those instances when the report(s) did not fully comply with a specific standard and/or the associated internal policies and procedures implementing that standard.

Recommendation(s):¹⁸

Implementable, effective recommendations to address areas of noncompliance or issues/concerns identified.

Observation(s):

When applicable:

- Any aspect of the organization’s operations, not related to standards, on which the team wishes to comment.
- Ways in which review team members’ experiences and/or approach differ from the Reviewed Organization’s methods.
- Notable best practices the Reviewed Organization has implemented.

Suggestion(s):

When applicable, the review team may include suggestions based on best practices

PLANNING

The CIGIE standard for inspection work is: “*Inspections are to be adequately planned.*” Key elements of this standard include creating a work plan, coordination (both internal and external), and research.

Policies and Procedures:

Finding(s):

Recommendation(s):

Observation(s):

Suggestion(s):

DATA COLLECTION AND ANALYSIS

The CIGIE standard for inspection work is: “*The collection of information and data will be focused on the organization, program, activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.*” This standard requires covered I&E organizations to describe the project’s sources of data and information in the supporting documentation, ensure information is appropriately scoped, employ procedures to ensure data reliability and validity, and ensure that the confidentiality of sources and sensitive information is safeguarded. Key elements of the standard related to data analysis include

¹⁸ Recommendations may be included immediately after the related discussion or at the end of this enclosure to the summary report.

ensuring that data is reviewed for accuracy and reliability, information is appropriately presented and documented, procedures provide for supervisory review, and findings satisfy objectives.

Policies and Procedures:

Finding(s):

Recommendation(s):

Observation(s):

Suggestion(s):

EVIDENCE

The CIGIE standard for inspection work is: *“Evidence supporting inspection findings, conclusions, and recommendation should be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.”* Key elements of this standard include ensuring that evidence is sufficient to persuade a knowledgeable person of the validity of the related Findings and Recommendations, is collected and evaluated using reasonable methods, and has a logical relationship to the issue(s) being addressed.

Policies and Procedures:

Finding(s):

Recommendation(s):

Observation(s):

Suggestion(s):

RECORDS MAINTENANCE

The CIGIE standard for inspection work is: *“All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.”* Key elements of this standard include ensuring that supporting information is effectively organized, provides a record of the nature and scope of the inspection, and provides sufficient information for supervisors to manage and evaluate staff; and that the organization has policies and procedures for document retention.

Policies and Procedures:

Finding(s):

Recommendation(s):

Observation(s):**Suggestion(s):****REPORTING**

The CIGIE standard for inspection work is: *“Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.”* Key elements of this standard include ensuring that reporting is timely, accurate, and objective; provides sufficient context, describes objectives, scope, and methods; uses clear and concise language; and includes a statement that the inspection was conducted in accordance with the standards. The standard also requires that findings are supported by evidence, conclusions are logical inferences, and recommendations describe what should be corrected.

Policies and Procedures:**Finding(s):****Recommendation(s):****Observation(s):****Suggestion(s):****FOLLOW-UP**

The CIGIE standard for inspection work is: *“Appropriate follow-up will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriately addressed.”* Key elements of this standard include that the I&E organization determines whether agency officials take action to correct problems, performs follow-up work as appropriate to verify management actions, and considers prior recommendations and need for follow-up when planning and conducting new inspections.

Policies and Procedures:**Finding(s):****Recommendation(s):****Observation(s):****Suggestion(s):**

[Insert a section for each additional standard covered by the peer review. Each added report section should be formatted/structured similar to those above. The additional report section(s) may be included either here (after the sections covering the required seven standards) or in between the required report sections maintaining to mirror the order in the Blue Book standards.]

ENCLOSURE 2: Reviewed Organization Comments to Draft Report

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

Appendix C: Memorandum of Understanding

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

I. PURPOSE

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

II. AUTHORITY

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

III. SCOPE

The external peer review will include an assessment of the Reviewed Organization's internal policies and procedures implementing the seven required CIGIE *Quality Standards for Inspection and Evaluation* (Blue Book), January 2012. The seven required Blue Book standards include Quality Control, Planning, Data Collection and Analysis, Evidence, Records Maintenance, Reporting, and Follow-up. [Insert any additional mutually agreed-to standards.] The review will include a review of selected inspection and evaluation reports issued between [Insert Date] and [Insert Date] to assess the reports' compliance with Blue Book standards and the Reviewed Organization's internal policies and procedures.

IV. STAFFING OF REVIEW TEAM

The Review Team is comprised of I&E staff members from the Reviewing OIGs who are performing an external peer review of the Reviewed Organization. The Review Team members collectively possess the appropriate training, suitability determinations, and clearance levels to perform the peer review. The Review Team Leader is the point of contact for interactions between Reviewed Organization and the Review Team. The Review Team Leader's OIG is also the point of contact for receiving and responding to requests or demands for access to Review team documents as outlined in the Guide and the Addendum to this MOU. Review team members and their respective OIGs should plan on team members spending approximately 15 to 20 days on the external peer review over a 3 to 4 month period.

The Review Team members are:

Team Leader—[Insert Name, OIG, and phone number]

[Insert Name, OIG, and phone number]

[Insert Name, OIG, and phone number]

[Insert Name, OIG, and phone number]

V. REVIEW APPROACH

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

- i. During the review, the Review Team will exercise professional judgment in all matters relating to planning, performing, and reporting the results of the external peer review.
- ii. The Review Team will assess the adequacy of the Reviewed Organization's internal policies and procedures in relation to the Blue Book standards listed in the Scope section of this MOU;
- iii. The Review Team will select the inspection and evaluation reports it believes are necessary to meet the review objectives;
- iv. The Review Team will review reports from the Reviewed Organization field offices (if applicable) as well as at OIG Headquarters; and
- v. The Review Team will evaluate the selected reports' compliance with Blue Book standards listed in the Scope section of this MOU and the Reviewed Organization's associated internal policies and procedures.
- vi. The Review Team will discuss with the Reviewed Organization in advance, any appropriate changes to the checklist, scope, or methodology of the review.

VI. ROLES AND RESPONSIBILITIES

Reviewed Organization agrees to:

- i. Designate an individual to facilitate administrative support and provide the Review Team with the appropriate office space, desks, telephone service, and access to copying facilities;
- ii. Provide the Review Team access to and training on all required information technology (IT) systems, e.g. Reviewed Organization intranet, SharePoint, or electronic working paper software, needed to conduct the review;
- iii. Provide the Review Team access to all requested Reviewed Organization personnel. Requests for access to personnel will be made by the Review Team Leader to the designated Reviewed Organization point of contact;
- iv. Allow Review Team access to all inspection and evaluation documents, operational manuals, and other files of the Reviewed Organization deemed necessary by the Review Team to conduct the external peer review;
- v. Provide the Review Team with appropriate information and training regarding document security requirements at the start of the review;
- vi. E-mail non-sensitive data and files to a designated Review team member, if requested by the Review Team; and
- vii. Retain possession of all storage media used to transfer authorized files to the Review Team's equipment.

Review Team agrees to:

- i. Only obtain sensitive Reviewed Organization documents by accessing information by means agreed upon with the Reviewed Organization (e.g., delivery server);
- ii. Not accessing the internet, VPN, or any other external systems on Reviewed Organization-provided laptops;
- iii. Not print, save, or otherwise transfer any sensitive data to its own equipment unless explicitly authorized by Reviewed Organization;
- iv. Assert that sensitive data, such as Personal Identifiable Information is protected against

-
- unauthorized access or use;
 - v. Not duplicate, re-type, etc., any Reviewed Organization sensitive information onto Review Team equipment; and
 - vi. Assume responsibility for possession of any Reviewed Organization documents it receives, and will safeguard sensitive data, including, but not limited to, complying with all PII breach reporting and incident handling per OMB M-06-19 and OMB M-07-16 as well as Reviewed Organization breach notification procedures.

The Review Team Leader or his or her OIG, in addition to the Review Team roles and responsibilities, agrees to:

- i. Perform the overall management of the external peer review, including ensuring that the external peer review complies with this Guide;
- ii. Perform the needed logistical, administrative and project management activities required by the external peer review process;
- iii. Sign the final external peer review report on OIG letterhead and issue it to the Reviewed Organization head;
- iv. Store and maintain the documents created by the Review Team members to support the review's findings, conclusions and recommendations;
- v. Report the required information on external peer reviews conducted in its Semiannual Report to Congress;
- vi. Respond to requests for information or access to the external peer review team's documents, including questions regarding the specific external peer review as specified in the Addendum of this MOU;
- vii. Report any instances of fraud, illegal acts, or abuse to the appropriate authorities as required by law or regulation and to the CIGIE I&E and Integrity Committee Chairs when appropriate; and
- viii. Resolve any disagreements with the Reviewed Organization including those that rise to the IG level.

VII. EXTERNAL PEER REVIEW MILESTONES

The Reviewed Agency represents that the following is the Review Team’s estimated timeline for its review:

Milestone	Date to be Completed
Review Team and Reviewed Organization hold entrance conference	
Review Team members complete their review, summarize results (findings, conclusions, and recommendations)	
Exit Meeting Held	
Review Team provides draft report to Reviewed Organization	
Reviewed Organization provides Review Team with written comments on the draft report	
Final report delivered to Reviewed Organization and to Chairs of CIGIE and the I&E Committee through its designated representatives [insert names and contact information]	

VIII. DISPOSITION OF REVIEW DOCUMENTS

- i. For purposes of this MOU, the term “document” or “documents” means all writings and recorded material in any form or medium including, but not limited to, records, writings, data, information, files, recordings, and communications, either provided to the Review Team by the Reviewed Organization or created by the Review Team during its review.
- ii. The Reviewed Organization shall have access to the Review Team’s original supporting documents upon request during the comment period and after the issuance of the final report.
- iii. The Team Leader’s OIG shall maintain all supporting and original documents created and used by the Review Team after issuance of the final report and in accordance with their agency record retention procedures, or at least until a subsequent peer review of the Reviewed Organization is performed.
- iv. The Reviewed Organization shall maintain all supporting and original documents used by the Review Team in accordance with their agency record retention procedures, or at least until a subsequent peer review of the Reviewed Organization is performed.
- v. The Review Team and the Reviewed Organization agree that Freedom of Information Act, other legal demands, and third party requests for external peer review documents will be handled in accordance with the procedures set out in the Guide and the Addendum of this MOU.

IX. POINTS OF CONTACT

[Insert name, title, OIG, and phone number for responsible contact at Review Team Leader and each Team member’s agency]

[Insert name, title, OIG, and phone number for primary responsible contact at Reviewed Organization]
[Insert name, title, OIG, and phone number for a second responsible contact at Reviewed Organization]

X. OIG OFFICIALS

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

_____ Date ____
[Insert name, title, and OIG for responsible contact at Review Team Leader’s OIG]

_____ Date ____
[Insert Review Team leader’s name, title, and OIG]

_____ Date ____
[Insert name, title, and OIG, for responsible contact at Review Team member’s OIG]

_____ Date ____
[Insert Review Team member’s name, title, and OIG]

_____ Date ____
[Insert name, title, and OIG, for responsible contact at Review Team member’s OIG]

_____ Date ____
[Insert Review Team member’s name, title, and OIG]

_____ Date ____
[Insert name, title, and OIG, for responsible contact at Review Team member’s OIG]

_____ Date ____
[Insert Review Team member’s name, title, and OIG]

_____ Date ____
[Insert name, title, and OIG, for Point of Contact at Reviewed Organization]

ADDENDUM

Additional Information Related to Disposition of Review Documentation

When the Review Team receives requests or legal demands for peer review documents, the Review Team Leader's OIG is responsible for coordinating and providing the response to the requester. The Review Team Leader's OIG will consider the documents it received from the Reviewed Organization still to be within the Reviewed Organization's possession and control.

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

For requests for peer review documents received prior to issuance of the final report from, including, but not limited to, the public, members of Congress, Congressional committees, or Congressional committee chairs:

- For requests under the Freedom of Information Act (FOIA) (5 U.S.C. 552), the Review Team Leader's OIG will:
 - a) provide documents supplied by the Reviewed Organization to the Reviewed Organization for response directly to the requester
 - b) consult with the Reviewed Organization regarding Reviewed Organization's information contained in documents generated by the Review Team and will obtain the Reviewed Organization's disclosure recommendations and legal basis therefor relative to such information, provided however, that the Review Team Leader's OIG (or, where applicable, the Review Team Leader's FOIA release authority) has final say as to the response to the FOIA requester.
 - c) In all cases, the Reviewed Organization and Review Team Leader's OIG will comply with statutory provisions, regulations, and, if applicable, implementing guidance from the Reviewed Organization's FOIA release authority, and applicable case law in determining the response to the FOIA request.

- For discovery demands under the applicable rules of civil procedure or similar legal process and other legal authorities--to include subpoenas--for some or all of the peer review documents, the Review Team Leader's OIG will advise the Reviewed Organization of the existence of such demands and will advise the litigating parties or adjudicative body that the requested documents belong to the Reviewed Organization. The Reviewed Organization will have the responsibility to:
 - a) advise the Review Team Leader's OIG whether or under what circumstances to produce the requested documents or,
 - b) intervene or otherwise communicate with the litigating parties or adjudicative body regarding the production of such documents or the obtaining of protective orders

or equivalent, as permitted under applicable law.

- For requests from oversight bodies such as the Government Accountability Office or reviewing bodies empowered to examine peer reviewing entities, the Review Team Leader's OIG will advise the Reviewed Organization of the existence of such request and will advise the oversight body that the requested documents belong to the Reviewed Organization. The Reviewed Organization will have the responsibility to
 - a) advise the Review Team Leader's OIG whether or under what circumstances to provide the requested documents or,
 - b) communicate with the oversight body regarding the requested documentation.

- For all requests for peer review documents received after issuance of the final report:
 - a) The Review Team Leader's OIG will refer requests to the Reviewed Organization's OIG for response directly to the requester.
 - b) In all cases involving requests for peer review documents, the Reviewed Organization and Review Team Leader's OIG will comply with statutory provisions, regulations, applicable implementing agency FOIA guidance, and applicable case law in determining the response to FOIA requests.

Appendix D: Policies and Procedures Review Checklist

REVIEWED OFFICE OF INSPECTOR GENERAL (OIG)

PERIOD REVIEWED

POLICIES AND
PROCEDURES
REVIEWED

PREPARER(S)

DATE COMPLETED

A. Policies and Procedures Review Checklist Purpose and Instructions

1. General

Peer review team members should use this checklist as a guide to determine whether (1) the Reviewed Organization's policies and procedures address each of the seven required Blue Book standards, and whether (2) the policies and procedures, if properly adopted and performed, would implement each of the seven required standards.¹⁹ This appendix should be used in conducting both an External Peer Review and a Modified Peer Review. The team should discuss streamlining the checklist and review for smaller I&E units, as appropriate. Any changes should be discussed between the team and the agency being reviewed before the beginning of the review.

2. Use of This Checklist

- a. Each section in this appendix corresponds to one of the seven required Blue Book standards. The checklist should be amended to include any additional Blue Book standard(s) covered in the peer review. To facilitate the review, references to the pertinent Blue Book standards are provided; for additional information, the reviewer should refer to the Blue Book.
- b. The review team should provide a "Yes," "No," or "N/A [Not Applicable]," answer to each question, reflecting its assessment of the Reviewed Organization's policies and procedures. However, interpretation as to whether a report complied with a specific Blue Book requirement should rely on the Blue Book standard itself, not the checklist question. The review team also should provide a narrative explanation or comment supporting each determination. If the review team found that the Reviewed Organization's policies and procedures did not adequately address a standard or part of a standard, the review team should ask the Reviewed Organization's Point of Contact (POC) how the I&E organization's internal guidance addresses the standard.
- c. The review team may complete the checklist as a team activity or individually, using the results to reach a team consensus. However, the team should agree on a 'team' answer for each question and an overall conclusion for each standard. The team consensus should be documented on this checklist, and the completed team checklist should be included in the peer review project file.

Modified Peer Review

- d. For a Modified Peer Review, the review team should answer each question by considering whether the Reviewed Organization's policies and procedures: (1) would, if adopted and properly performed, address each of the seven required Blue Book standards, and (2) are current.
- e. When conducting a modified peer review of an OIG's I&E organization that during the 3-year period did not perform and report on I&Es in compliance with Blue Book standards and did not have internal policies and procedures for performing such work, the review team should modify the checklist as appropriate.

¹⁹ Peer review teams should keep in mind the flexibility offered by the Blue Book, and that overall conclusions should be based on the totality of the information about the Reviewed Organization, when completing the checklists.

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Quality Control					
The standard for inspection work is: <i>Each OIG organization that conducts inspections should have appropriate internal quality controls for that work.</i>					
Does the I&E organization have written policies and procedures that: --address governing internal quality controls appropriate for the organization's work?					
-- establish a quality control mechanism that provides an independent assessment of inspection processes and work?					
-- require documentation of the quality control mechanism(s)?					
--address the retention of the documentation?					
-- require supervisory reviews?					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
-- require documentation of supervisory reviews?					
--address Blue Book requirements (e.g., inspection was adequately planned, inspection objectives were met)?					
Planning					
The standard for inspection work is: <i>Inspections are to be adequately planned.</i>					
Does the I&E organization have policies and procedures that --require the coordination of its work with other inspection, audit, and investigative entities, as appropriate?					
--establish a process for researching and selecting inspection topics?					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
--address the Blue Book requirements (e.g., selection should consider project relevancy of the topic and potential outcomes)?					
--require the review of existing data and literature, discussions with program officials and other key personnel;					
--require the study of previous relevant reviews to facilitate understanding of the program or activity to be inspected and establishment of applicable criteria?					
--provide for developing a project designs/plans?					
--require that projects include a clearly defined inspection objective(s), scope, and methodology?					
Data Collection and Analysis					
The standard for inspection work is: <i>The collection of information and data will be focused on the</i>					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
<i>organization, program, activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.</i>					
Does the I&E organization’s policies and procedures --address the documentation of information sources in supporting documentation to permit reviewers to assess the adequacy of the information?					
-- help I&E organization staff determine whether data obtained is sufficiently accurate and reliable?					
--address the collection of sufficient and valid data to address the objectives of the inspection?					
--ensure the confidentiality of individuals who provide information, as appropriate?					
--adequately safeguard sensitive, personal, proprietary, or classified information?					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
-- address the Blue Book requirements for reviewing data for accuracy and reliability?					
-- ensure data is presented appropriately and logically, with documentation to support the interpretation of the data?					
-- contain safeguards to protect inspection findings from distortions due to biases and/or personal feelings?					
-- address the elements of the finding(s) (criteria, condition, cause, and effect)?					
--ensure the elements of the finding(s) are consistent with inspection objectives?					
Evidence					
<p>The standard for inspection work is:</p> <p><i>Evidence supporting inspection findings, conclusions, and recommendations should be sufficient, competent, and relevant and should lead a reasonable person</i></p>					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
<i>to sustain the findings, conclusions, and recommendations.</i>					
Does the I&E organization have policies and procedures that -- determine whether the evidence presented is sufficient to persuade a knowledgeable person that the findings are valid?					
-- ensure evidence was collected and evaluated using reasonable methods given the source (independent, from system with internal controls, etc.) and type (documentary, testimonial, etc.) of evidence?					
-- assess the relevance of evidence gathered, (i.e., is it being used to prove or disprove an issue)?					
--ensure the evidence gathered is logically related and important to the issue(s) being addressed?					
Records Maintenance					
The standard for inspection work is:					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
<i>All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.</i>					
Does the I&E organization have policies and procedures that -- ensure that supporting information generated and collected as part of an inspection is effectively organized and documents the nature and scope of inspection work performed?					
-- address the safe custody and retention of inspection documentation, to include any records disposal schedule approved by the National Archives and Records Administration and/or the agency?					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
-- address any agency-specific document management processes or requirements?					
Reporting					
<p>The standard for inspection work is:</p> <p><i>Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.</i></p>					
<p>Does the I&E organization have policies and procedures that</p> <p>--ensure that their reports describe the objective(s), scope, and methodology of the inspection, and state that they were conducted in accordance with the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Quality Standards for Inspection and Evaluation?</p>					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
-- ensure that they provide readers with the context needed to understand the impact of report recommendations, if any?					
-- ensure that report language is clear and concise, while recognizing that some inspections deal with highly technical material?					
<p>-- provide for the review of work papers to confirm that final reports are accurately sourced and whether the:</p> <ul style="list-style-type: none"> • Findings are supported by sufficient, competent, and relevant evidence? • Conclusions are logical inferences about the inspected program or activity based on the inspection findings? • Recommendations are presented so as to clearly convey what needs to be corrected or achieved? 					
Followup					
The standard for inspection					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
<p>work is:</p> <p><i>Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriately addressed.</i></p>					
<p>Does the I&E organization have policies and procedures for</p> <p>--determining whether agency officials have taken timely, complete, and reasonable actions, agreed to by agency management, to correct problems identified in inspection reports?</p>					
<p>-- ensuring that any prescribed followup work was done within a reasonable timeframe?</p>					
END OF CHECKLIST					

Appendix E: Report Review Checklist

REVIEWED OFFICE OF INSPECTOR GENERAL (OIG)

PERIOD REVIEWED

REPORT/PROJECT REVIEWED

TEAM MEMBER/ REVIEWER

DATE COMPLETED

A. Report Review Checklist Purpose and Instructions

1. General

Peer review team members should use this checklist as a guide to determine whether the report selected for review and its associated documentation complied with: (1) the seven required Blue Book standards, and (2) the Reviewed Organization associated internal policies and procedures.²⁰ The peer review team should assess compliance with the covered standards and internal policies and procedures whether or not it determines that the internal policies and procedures adequately or sufficiently address the reviewed standards.

2. Use of This Checklist

a. Each section and question in this checklist corresponds to one of the seven Blue Book standards required by this Guide. The checklist should be amended to include additional Blue Book standard(s), if any, included in the scope of the peer review. To facilitate the review, references to the pertinent Blue Book standards are provided; for additional information, the reviewer should refer to the Blue Book. The review team may modify the checklist to address organization internal policies and procedures.

b. The review team member should answer the questions listed as “Yes,” “No,” or “N/A [Not Applicable]” based on their assessment of whether the report and project documentation complied with the covered Blue Book standards and the Reviewed Organization’s associated internal policies and procedures. However, interpretation as to whether a report complied with a specific Blue Book requirement should rely on the Blue Book standard itself, not the checklist question. The reviewer also should provide a narrative explanation or comment to support each response. The completed checklist should be included in the peer review project file.

²⁰ Peer review teams should keep in mind the flexibility offered by the Blue Book, and that overall conclusions should be based on the totality of the information about the Reviewed Organization, when completing the checklists

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
Quality Control					
<p>The standard for inspection work is:</p> <p><i>Each OIG organization that conducts inspections should have appropriate internal quality controls for that work.</i></p>					
<p>Did the I&E organization properly apply the required internal quality controls to this project?</p> <p>Was the implementation of the internal quality controls adequately documented?</p> <p>Was that documentation available for a time period sufficient to allow other pertinent internal and external quality control/assurance reviews?</p>					
<p>Was an independent assessment of inspection processes and work conducted?</p>					
<p>If so, was it appropriately documented?</p>					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
Does the project file include documentation demonstrating that the organization provided an adequate level of supervision over the course of the inspection?					
Planning					
The standard for inspection work is: <i>Inspections are to be adequately planned.</i>					
Did the selection of the inspection topic consider: --the relevance of the topic,					
--the significance, and impact of potential outcomes, and/or					
--the needs of the agency and other stakeholders					
Does the project documentation:					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
--support coordination of the planned work with other inspection, audit, and investigative entities, as appropriate?					
-- include any initial research supporting consideration of the project topic and/or the ultimate selection of the topic?					
--indicate that the project team: <ul style="list-style-type: none"> • reviewed existing data and literature, • held discussions with program and other appropriate officials, • studied the results of previous relevant reviews to facilitate its understanding of the program or activity to be inspected and identify applicable criteria; and • identified relevant reviews and included steps to follow up on known significant findings and recommendations 					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
directly related to the project's objectives?					
Does the project design/plan --clearly define inspection objective(s), scope, and methodology?					
--address other requirements specified in the I&E organization's policies and procedures?					
Were the objectives: --stated clearly enough to allow the team and reviewers to understand them: and					
--adequately addressed during planning to ensure that they would be met?					
Data Collection and Analysis					
The standard for inspection work is: <i>The collection of information and data will be focused on the organization, program,</i>					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
<i>activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.</i>					
Is project documentation sufficient to allow reviewers to assess the adequacy of the project's sources of information?					
Did the project team document their review and determination that the data collected was sufficiently accurate and reliable to address the inspection objectives?					
Does the project file adequately document the project team's collection of sufficient and valid data to address the objectives of the inspection?					
Did the project team adequately ensure the confidentiality of individuals providing information, as appropriate;					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
And safeguard sensitive, personal, proprietary, or classified information?					
Is the data appropriately and logically presented and adequately documented in the work papers to ensure supportable interpretations?					
Were the work papers completed in accordance with the reviewed I&E organization's policies and procedures?					
Did the project team use safeguards to protect inspection findings from distortions due to biases and/or personal feelings?					
Are the elements of the finding (criteria, condition, cause, and effect) clearly explained, supported by the data/information, and consistent with the inspection's objectives?					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
Evidence					
<p>The standard for inspection work is:</p> <p><i>Evidence supporting inspection findings, conclusions, and recommendations should be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.</i></p>					
Did the project team obtain and document sufficient evidence to persuade a knowledgeable person that the findings were valid?					
Was the evidence the project team collected and evaluated reliable and the best obtainable?					
Did the project team collect and evaluate the evidence using methods that were reasonable given the source (e.g., independent, from a system with internal controls) and type of evidence (e.g.,					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
documentary, testimonial)?					
Was the evidence in the project file used to prove or disprove an issue relevant?					
Is the evidence logically related and important to the issue being addressed?					
Records Maintenance					
<p>The standard for inspection work is:</p> <p><i>All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.</i></p>					
<p>Is the supporting information/material generated and collected in the inspection sufficiently well organized to provide:</p> <p>--an efficient tool for data analysis; and</p> <p>--a sound basis for the project/report findings,</p>					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
conclusions, and recommendations that address the inspection objectives?					
Does the supporting documentation provide: --a record of the nature and scope of inspection work performed; and					
--information allowing supervisors and team leaders to properly manage the project and evaluate staff performance?					
Are supervisory and team leader reviews evidenced in the documentation?					
Is the inspection documentation maintained (retained, marked, etc.?) -- in accordance with Reviewed Organization-specific document management processes or requirements?					
--in accordance with the records disposal schedule approved by the National Archives					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
and Records Administration and/or the agency?					
Reporting					
<p>The standard for inspection work is:</p> <p><i>Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.</i></p>					
Does the project file contain a copy of the report and/or other means used to communicate inspection results?					
Was the report timely, complete, accurate, objective, convincing, clear, and concise?					
Is the report language clear and concise, considering that some inspections deal with highly technical material?					
Based on the review of the project file, does the report:					
--accurately describe the					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
inspection's objective(s), scope, and methodology; and					
--state that the inspection was conducted in accordance with the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Quality Standards for Inspection and Evaluation?					
Does the final report provide the reader with sufficient context to understand the impact of the report's recommendations, if any?					
<p>Are</p> <ul style="list-style-type: none"> • Findings supported by sufficient, competent, and relevant evidence? • Conclusions logical inferences about the inspected program or activity, based on the inspection findings? • Recommendations crafted to clearly convey what needs to be corrected or achieved? 					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
Are the findings, conclusions, and recommendations presented in accordance with the reviewed Organization's policies and procedures?					
Was the confidentiality of individuals providing information appropriately maintained during the reporting process?					
Did the Reviewed Organization distribute the report: --to the officials responsible for acting on the findings and recommendations; and					
--in compliance with the Reviewed Organization's internal policies and all applicable legal and regulatory requirements (e.g. Privacy Act, FOIA, security, HIPPA, contractor proprietary information)?					
Followup					
The standard for inspection work is:					

	Yes	No	N/A	Peer Review Team Explanation and Comments	Reference (Identify Applicable Project Documentation)
<i>Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriately addressed.</i>					
Did the I&E organization take actions to determine whether the agency officials have taken timely, complete, and reasonable actions to correct problems identified in other related inspection reports and previously agreed on by management?					
Was followup conducted in accordance with the reviewed Organization's policies and procedures?					
In planning, were prior recommendations related to the current project's objectives and scope considered and followed up on to the extent practicable?					
END OF CHECKLIST					

Appendix F: Work Plan Template

1. Reviewed Organization

I&E Organization Reviewed	
Organization Head (Name and title)	
Point-of-Contact for Peer Review Team (Name, phone, and email)	
Second Point-of-Contact for Peer Review Team (Name, phone, and email)	

2. Peer Review Team

Name	Office of Inspector General (OIG)	Office Location	Email Address	Phone Number(s)
(Team Leader)				

3. Scope & Methodology

Time period during which reviewed reports were published	
Report types (memorandum report, full/chapter report, compliance review, policy review, etc.) issued by the I&E organization	
Number of reports to be reviewed, by report type (total sample size)	
Any changes to checklist, scope, or methodology agreed to by Review Team and Reviewed Organization prior to the review.	

4. Reports selected for review by the Peer Review Team

Title and Date Issued	Report Type	I&E Report Manager	Peer Review Team Member Assigned to Review
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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

6. Describe how the review team selected reports for review.

7. Describe the approach for obtaining and distributing background materials (policies, procedures, OIG and/or I&E organization annual work plans, etc.) to peer review team members.

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

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

10. Review Milestones

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

11. Comments on other matters related to the review.

Appendix G: Process Checklist

A. The process checklist is meant to be flexible both with regard to the steps performed and the order of their accomplishment. The external peer review team may adjust the checklist to reflect the process agreed-to by the team and as appropriate for the scope and methodology of the specific external peer review to be performed by the team. Preparations for the external peer review:

1. Attend the required training/coordination session provided by the CIGIE Training Institute's Audit, Inspection, & Evaluation Academy (the Academy).
2. Review the CIGIE Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General.
3. Review the CIGIE Quality Standards for Inspection and Evaluation (the Blue Book), which is the basis of the review.
4. Jointly determine with the Reviewed Office of Inspector General (OIG) the time period from which published reports for review will be selected.²¹
5. Select a Review Team Leader.
6. As a team, complete the Template for I&E External Peer Review Work Plan (Appendix F), establishing a general approach and timeframes for completing the peer review, this should include discussed of streamlining the review as appropriate for smaller I&E units.
7. Agree as a team on the documentation, including its content and format, to be completed by team members and included in the official peer review file.
8. Document any changes to checklist, scope, or methodology as agreed upon by the Reviewed Organization and the Review Team.
9. Fill in information on the memorandum of understanding (MOU) to facilitate its signature by team members, their senior executives of the I&E organization, and the Reviewed Organization officials and point of contact (POC).
10. Review the list of publicly released reports and select representative reports for review, including:
 - a. One report from each report category/type.
 - b. Reports with varying topics, lengths, methodologies, etc.
 - c. A minimum of four reports, more if time and resources permit.
 - d. Documentation of the basis or methods used to select reports for review.

B. During or shortly after the Academy's training/coordination session, review team members should review and familiarize themselves with materials from the Reviewed Organization's POC to determine how they may affect or be used in the peer review. These materials should include the following:

1. All relevant policies, procedures, guidelines, and manuals related to processes the I&E organization follows in conducting I&E projects, reporting project results, and ensuring work product quality.
2. The Reviewed Organization's I&E annual work plan or similar document, if one exists.
3. The previous external peer review report, if applicable.
4. A written description of corrective action(s) taken in response to the previous peer review recommendations, the status of any open recommendations or corrective actions, and an explanation for the open status.
5. Additional information required or useful to conducting the peer review.

²¹ The timeframe for the peer review can be broadened to up to 2 years to allow the team to select a representative sample of reports issued by the Reviewed Organization.

C. Prior to beginning the peer review work, the review team should obtain the following from Reviewed Organization's POC:

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

D. The review team should arrange and hold an entrance conference with the Reviewed Organization. At the entrance conference, the review team should do the following:

1. Describe the scope of the review, including the seven required Blue Book standards.
2. List reports that will be reviewed.
3. Provide projected onsite start and end dates, if planned.
4. Allow I&E organization to comment on whether they would like the review team to review additional reports, assess additional standards, and/or review other matters the Reviewed Organization believes would add value for its OIG.
5. Obtain additional documentation or information, as needed, from written materials or briefings.

E. Using the Policies and Procedures Review Checklist (Appendix D), the review team should:

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

F. After selecting the reports to review:

1. Assign reports to team members for review.
2. Request project designs/plans, work papers, and other supporting materials for the sample of reports selected.
3. Determine the process to be used to review the individual reports.
4. Review the selected reports against:
 - a. Required/covered Blue Book standards
 - b. Policies, procedures, guidelines, standards, and/or I&E organization quality assurance processes
 - c. Report Review checklist (Appendix E)
5. Examine work papers/documentation to trace:
 - a. Findings
 - b. Conclusions
 - c. Recommendations
6. Interview the I&E project teams to gain insight on reports and supporting documentation, as necessary.
7. Review other documentation or conduct other interviews necessary for team members to fully assess whether the I&E organization has met the seven Blue Book standards and other covered standards.
8. Document the reviews of the selected reports.
9. Discuss individual review findings and conclusions.

-
10. As a team, and summarize overall findings, conclusions, recommendations, suggestions for improvement, or identified best practices for the selected reports.
 11. Document the overall summary of the selected/reviewed reports and supporting documentation.

G. After reviewing the Reviewed Organization’s written descriptions of corrective action(s) taken in response to the previous peer review recommendations, the status of open recommendations or corrective actions, if any, and explanations for open status:

1. Assess, discuss, and reach a team conclusion about whether the Reviewed Organization’s written description accurately and completely describes the status of the previous peer review report recommendation(s).
2. Document this assessment, including the conclusions reached and proposed recommendations, if any.

H. Conduct an exit meeting with reviewed I&E organization:

1. At, or in advance of the exit meeting, provide the head of the Reviewed I&E organization with a preliminary written point paper, discussion draft report, or draft report that includes peer review results, findings, conclusions, and recommendations.
2. Present a summary of findings and/or other pertinent observations including best practices that might not be included in the final report.
3. Discuss process and issuance dates for the draft and final reports. Request that the Reviewed organization provide written comments to the review team within 15 calendar days of receipt of draft report. The review team may provide the draft report at the exit meeting.
4. Revise the review’s findings, conclusions, recommendations, if appropriate, based on information from the exit meeting.

I. Prepare a draft of the external peer review report, preferably as a team, for the Reviewed Organization. This may be done immediately after completing the review work or after the exit meeting.

1. Using Template for I&E External Peer Review Report (Appendix B), prepare a draft report that includes:
 - a. Blue Book standards reviewed;
 - b. How the I&E organization implemented each covered Blue Book standard (as explained in its policies and procedures, etc.);
 - c. Process used by the review team to determine compliance with Blue Book standards;
 - d. An assessment of whether
 - i. the organization’s policies and/or procedures adequately address the Blue Book standards
 - ii. the organization meets, implements, and complies with its own policies and/or procedures
 - iii. the organization meets, implements, and complies with each Blue Book standard;
 - e. Recommendations, suggestions, and noteworthy practices; and
 - f. Conclusions.
2. Provide the official draft report to the I&E organization’s officials for review and written comment. Request that the I&E organization official provide written comments to the draft report within 15 calendar days of receipt of the draft report.

J. Finalize external peer review report:

1. Discuss the I&E organization’s written comments and agree on any associated changes that will be made to the draft report.

2. Finalize the report by attaching written comments, making necessary changes, having all team members document their agreement with the report, and obtaining the Team Leader, OIG IG's or I&E organization executive's signature.
3. Deliver the final report to the Reviewed I&E organization head no later than 15 calendar days after receipt of comments to the draft report or resolution/clarification of issues discussed in the I&E organization officials' comments.

K. Final steps:

1. Provide copies of the final report to the Chairs of CIGIE and the I&E Committee through its designated representatives.²²
2. Participate in debrief/exit meeting with other peer review teams to discuss the review process and consider changes for next phase of reviews.

²² For external peer review reports that are classified, an unclassified summary and recommendations will be forwarded to the I&E Committee.