



*Council of the*  
**INSPECTORS GENERAL**  
*on INTEGRITY and EFFICIENCY*

Qualitative Assessment Review Guidelines  
for Investigative Operations of  
Federal Offices of Inspector General

July 18, 2017

## **Council of the Inspectors General on Integrity and Efficiency**

**Authority:** Section 11 of the Inspector General Act of 1978 (5 U.S.C. app. 3.), as amended.

**Mission:** The mission of the Council of the Inspectors General on Integrity and Efficiency (CIGIE) shall be to address integrity, economy, and effectiveness issues that transcend individual Government agencies and increase the professionalism and effectiveness of personnel by developing policies, standards, and approaches to aid in the establishment of a well-trained and highly skilled workforce in the Offices of Inspectors General.

**CIGIE Investigations Committee:** The Committee contributes to improvements in program integrity, efficiency, and cost effectiveness Government wide by providing analysis of investigative issues common to Federal agencies. The Committee provides the CIGIE community with guidance, support, and assistance in conducting high-quality investigations. The Committee provides input to the CIGIE Professional Development Committee and the Training Institute on the training and the development needs of the CIGIE investigations community. The Committee actively engages the Assistant Inspector General for Investigations Committee to assist in carrying out the Committee's goals and strategies.

## Message from the Chairman of the CIGIE Investigations Committee

I am pleased to present the Qualitative Assessment Review (QAR) Guidelines for Investigative Operations of Federal Offices of Inspector General (OIGs). Throughout this version, you will note changes for clarification from the June 2011 version. The most notable changes are the inclusion of language to: 1) clarify investigative units that are covered by the QAR process; 2) introduce a Memorandum of Understanding between the reviewed and reviewing agencies; 3) streamline the observation, finding, and deficiency section; 4) enhance communication between the reviewed and reviewing agencies prior to the issuance of the final report; 5) clarify procedures for those OIGs who obtain their law enforcement authority from statutes other than Section 6(e) of the Inspector General Act (IG Act) and certain small OIGs; (6) expand the list of recommended timeframes; and (7) better integrate the assessment of digital forensics activities into the QAR guide.

The purpose of the QAR program, or investigation peer review, is to ensure that Council of the Inspectors General on Integrity and Efficiency (CIGIE) Quality Standards for Investigations (QSI) and Quality Standards for Digital Forensics are followed and that law enforcement powers conferred by Section 6(e) of the IG Act, or other authorities, are properly exercised.

Each OIG is required to implement and maintain a system of quality control for its investigative operations. The nature, extent, and formality of such a system will vary based on each OIG's circumstances. The system of quality control should emphasize performing high-quality work, compliant with required standards.

In conducting a particular QAR, the review team renders an opinion on the adequacy of a given OIG's internal safeguards, management procedures, and quality control in connection to compliance with the IG Act, QSI, Quality Standards for Digital Forensics, and law enforcement powers, as applicable.

I want to thank the Assistant IG for Investigations (AIGI) Working Group for their diligence in revising these Guidelines and incorporating input from the AIGI community. I also want to thank the Investigations Committee for their review and support in finalizing the QAR Guidelines.



Carl W. Hoecker  
Chairman, Investigations Committee  
CIGIE

## Table of Contents

	<u>Page</u>
<b>PREFACE</b>	1
<b>GENERAL CONSIDERATIONS</b>	2
Applicability of Appendices	2
Background	3
Objectives of Investigative Qualitative Assessment Review Program	4
Management and Oversight of CIGIE QAR Program	4
Peer Review Memorandum of Understanding	6
Review Team Staffing and Qualifications	7
Independence	7
Confidentiality and Security	8
Due Professional Care	8
Self-Inspection Programs	9
Special Considerations	9
<b>PLANNING AND PERFORMING THE INVESTIGATIVE CIGIE QAR REVIEW</b>	9
Scope	10
Approach	10
Pre-Site Review Steps	10
Working Environment	11
Review Schedule	12
Entrance Briefing	12
Sample Selection	12
Defining and Identifying Observations, Findings, and Deficiencies	13
QAR Rating Options	15
Discussion Draft	16
Exit Conference	16
Formal Draft	16
Final Report	16
<b>REPORTING REVIEW RESULTS</b>	17
Opinion Letter	17
Observations Letter	18
Dispute Resolution	19
Letter Distribution	19
Files Maintenance	20
<b>ACKNOWLEDGEMENTS</b>	21

## **APPENDICES**

- A CIGIE Qualitative Assessment Review Organizational Profile for Investigative Operations
- B-1 Assessment of Law Enforcement Powers Implementation Pursuant to Section 6(e) of the Inspector General Act
- B-2 Assessment of Law Enforcement Powers Implementation, Pursuant to Statute Other than Section 6(e) of the Inspector General Act
- C-1 Assessment of Compliance with the CIGIE Quality Standards for Investigations
- C-2 Assessment of Compliance with the CIGIE Quality Standards for Digital Forensics
- D-1 CIGIE Investigations Qualitative Assessment Review: Individual Closed Case Review Checklist
- D-2 CIGIE Investigations Qualitative Assessment Review: Case Review Summary Checklist
- E Sample Formats for Investigations Qualitative Assessment Review Reports
- F Attorney General's Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority (Dec. 8, 2003)
- G-1 Attorney General's Guidelines for Domestic FBI Operations (Sept. 29, 2008)
- G-2 Cover Memo—Attorney General's Guidelines for Domestic FBI Operations (Sept. 29, 2008)
- H Attorney General's Guidelines Regarding the Use of Confidential Informants (May 30, 2002)
- I CIGIE Quality Standards for Investigations (Nov. 15, 2011)
- J CIGIE Guidelines on Undercover Operations (June 18, 2013)
- K Sample CIGIE Investigations Qualitative Assessment Review Memorandum of Understanding

## PREFACE

This document articulates standards and guidance for conducting the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Qualitative Assessment Reviews (QAR) of the investigative operations of Offices of Inspector General (OIGs).

“Investigative operations” refers to the Office of Investigations or other primary organizational unit that conducts, supervises and coordinates investigations relating to the programs and operations of the establishment under the auspices of an Assistant Inspector General for Investigations (AIGI) or equivalent. The purpose of a QAR is to establish an independent external evaluation process to:

1. Ensure that the general and qualitative standards adopted by an OIG’s investigative operations comply with the requirements of CIGIE’s Quality Standards for Investigations (QSI). This compliance will be assessed for all CIGIE member organizations who conduct investigations in accordance with the QSI.
2. If an OIG has law enforcement authority pursuant to the Inspector General Act (IG Act) or other statutory authority, ascertain whether adequate internal safeguards and management procedures exist to ensure that the law enforcement powers are properly exercised by OIG employees.
3. If an OIG performs digital forensics activities, ensure that the management and personnel standards adopted by an OIG comply with the requirements of CIGIE’s Quality Standards for Digital Forensics.

Each OIG is required to implement and maintain a system of quality control for its investigative operations. The system of quality control should emphasize performing high-quality work, compliant with required standards. The policies and procedures of each OIG should be designed to provide reasonable assurance of complying with professional standards and applicable legal and regulatory requirements. The nature, extent and formality of an OIG’s system of quality control will vary based on the OIG’s circumstances. Each OIG must develop and document its quality control policies and procedures in accordance with its agency and individual OIG requirements, as well as relevant law enforcement authorization statutes and (if applicable) Attorney General Guidelines, and communicate those policies and procedures to its personnel.

These guidelines may be adapted for organizations’ internal reviews (self-assessments) within the CIGIE community. It also provides guidance for reviewing investigative processes and records maintenance in any organization that conducts investigations.

## GENERAL CONSIDERATIONS

1. **Applicability of Appendices.** The following questionnaires and checklists were developed to assist in conducting the review of an organization.

- Appendix A (CIGIE Qualitative Assessment Review Organizational Profile for Investigative Operations) is a profile sheet of administrative data about the organization being reviewed.
- Appendix B-1 (Assessment of Law Enforcement Powers Implementation Pursuant to Section 6(e) of the IG Act) is a tool to aid in assessing whether adequate internal safeguards and management procedures exist within OIGs that exercise law enforcement powers pursuant to Section 6(e) of the IG Act and the “Attorney General’s Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority.”
- Appendix B-2 (Assessment of Law Enforcement Powers Implementation Pursuant to Statute Other than Section 6(e) of the IG Act) is a tool to aid in assessing whether adequate internal safeguards and management procedures exist within OIGs that exercise law enforcement powers pursuant to any other authorities, such as independent statutory law enforcement authority (outside of the IG Act) or U.S. Marshal’s Service Deputation.
- Appendix C-1 (Assessment of Compliance with the CIGIE Quality Standards for Investigations) is a tool to aid in assessing compliance with the general and qualitative standards outlined in the CIGIE QSI for any OIG component that conducts investigations in accordance with the QSI. C-1 may be used for a wide variety of case types, including criminal, civil and administrative.
- Appendix C-2 (Assessment of Compliance with the CIGIE Quality Standards for Digital Forensics) is a questionnaire to assess conformity with CIGIE’s Quality Standards for Digital Forensics. Incorporation of Appendix C-2 is mandatory for OIGs that perform digital forensics activities. Appendix C-2 focuses on the *technical* aspects of digital evidence analysis activities. The *investigative* aspects of information technology/cyber-related cases will be evaluated with Appendix C-1. If the OIG organization conducting the peer review does not have in-house personnel with digital evidence analysis capability to conduct a review using Appendix C-2, it may seek assistance from other CIGIE OIG organizations that possesses appropriately trained personnel. (See Section 4 below for the timing of this review for new programs.)
- Appendix D-1 (CIGIE Investigations Qualitative Assessment Review: Individual Closed Case Review Checklist) and D-2 (CIGIE Investigations Qualitative Assessment Review: Case Review Summary Checklist) are individual and summary checklists, respectively, used to sample closed investigative case files when testing the degree of compliance with the Attorney General’s Guidelines and/or the QSI mentioned above.

- Appendix E (Sample Formats for CIGIE Investigations Qualitative Assessment Review Reports) includes sample formats for reporting CIGIE QAR findings.
- Appendix F is the “Attorney General’s Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority,” dated December 8, 2003.
- Appendix G-1 is the “Attorney General’s Guidelines for Domestic FBI Operations,” dated September 29, 2008.
- Appendix G-2 is the “Cover Memo—Attorney General’s Guidelines for Domestic FBI Operations,” dated September 29, 2008.
- Appendix H is the “Attorney General’s Guidelines Regarding the Use of Confidential Informants,” dated May 30, 2002.
- Appendix I is the “CIGIE Quality Standards for Investigations,” dated November 2011. Note: See the CIGIE website for the latest version.
- Appendix J is the “CIGIE Guidelines on Undercover Operations,” dated February 2010. Note: See the CIGIE website for the latest version.
- Appendix K is a sample Memorandum of Understanding (MOU) executed by the participating agencies.

**2. Background.** These guidelines are based primarily on the IG Act, the CIGIE QSI and, where applicable, the “Attorney General’s Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority” (December 8, 2003).

The IG Act has established statutory OIGs in over 70 Federal establishments and entities, including all cabinet departments and Federal agencies, boards, commissions, corporations, and foundations and agencies of the Legislative Branch.

The QSI categorizes investigative standards as General and Qualitative. General Standards address qualifications, independence, and due professional care. Qualitative Standards focus on investigative planning, execution, reporting, and information management.

The “Attorney General’s Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority” govern the exercise of statutory police powers by most Inspectors General (i.e., those that receive such powers from the IG Act, as amended) and eligible employees and the role of Federal prosecutors in providing guidance in the use of sensitive criminal investigative techniques. Certain other Inspectors General derive their law enforcement authority from other statutes and others may have separate policies or DOJ agreements that govern the exercise of their law enforcement powers.

- 3. Objectives of the Investigative QAR Program.** The overall objective of a QAR is to determine whether internal control systems are in place and operating effectively to provide reasonable assurance that an OIG's investigative operation is complying with professional investigative standards, as well as other requirements. This assessment program is intended to be positive and constructive rather than negative or punitive. With this in mind, the review team is encouraged to identify "best practices" or similar notable positive attributes of the reviewed organization. Additionally, the review team should view favorably on-the-spot corrections to non-systemic potential weaknesses. Further, the team must consider the extent to which the reviewed OIG had/has control over a potential weakness (e.g., agency is responsible for a particular process such as inventory control, encryption, background investigations, etc.).

These QAR guidelines and the CIGIE QSI are applicable to OIGs in a diverse set of Federal organizations, including all cabinet departments, Federal agencies, boards, commissions, corporations and foundations, and Legislative Branch agencies. Reviewing OIGs must be cognizant of the structure of the organization they are reviewing and how that OIG has adapted the QSI and other professional standards to the unique circumstances of that respective department or agency. As such, reviewing OIGs may adapt the QAR guidelines, as appropriate. The review process is designed to be as flexible as possible for the variety of sizes and complexity of the OIGs being reviewed. Some aspects of the review may not be applicable to some OIGs and this should be annotated in the work papers.

The following OIG operations are subject to a mandatory peer review in accordance with this QAR guide:

- The Office of Investigations or other primary organizational unit that conducts, supervises and coordinates investigations relating to the programs and operations of the establishment under the auspices of an AIGI (or equivalent), pursuant to the IG Act, as amended, and in accordance with the CIGIE QSI (checklists outlined in Appendices C-1, D1 and D-1);
  - OIG components that exercise law enforcement authority pursuant to the IG Act or other statutory authority (checklist outlined in Appendix B-1 or B-2); and,
  - Digital forensics activities (checklist outlined in Appendix C-1).
- 4. Management and Oversight of CIGIE QAR Program.** The CIGIE Investigations Committee has responsibility for overall management and oversight of the CIGIE QAR process. This Committee will resolve all issues that cannot be mutually agreed upon by the CIGIE QAR team and any OIG being reviewed.

The Chairperson of the CIGIE Investigations Committee is responsible for establishing a schedule. The Investigations Committee will coordinate its scheduling efforts with other CIGIE Committees. The CIGIE QAR schedule should be updated and distributed with sufficient lead time to ensure OIGs are able to plan their participation. Absent unique circumstances, participating agencies (reviewer and

reviewed) should be made aware of future peer reviews at least 1 year in advance and the reviews should occur at 3 year intervals. The OIGs involved in a specific peer review may, upon mutual agreement, accelerate or delay a review by one calendar quarter without prior approval by the Investigations Committee. The Chair of the AIGI subcommittee is responsible for resolving scheduling conflicts or issues that may arise. The “Attorney General’s Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority” states that peer reviews should occur no less often than once every 3 years.

The selection of the reviewing teams must be done in a manner that ensures the integrity of the peer review process. Peer reviewers must be free, both in fact and appearance, from impairments to independence. An OIG that received a noncompliant QAR rating will be deemed unqualified to conduct a QAR of another OIG until that OIG receives a compliant rating. Generally speaking, where feasible, assessment partners will be of similar size and have similar law enforcement status (i.e., an OIG without law enforcement powers should not peer review an OIG with the authority to carry firearms, makes arrests and execute search warrants).

Newly established OIGs or those that do not have statutory law enforcement authority but conduct investigations in accordance with the QSI are strongly encouraged to participate voluntarily in an investigative peer review program. OIGs that seek and obtain 6(e) authority from the Attorney General must immediately initiate steps to adhere to “Attorney General’s Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority.” Compliance with these guidelines will be evaluated during their next scheduled peer review but not sooner than 2 years following the granting of the authority. Thus, those OIGs should request the Investigations Committee add their office to the QAR schedule. OIGs deriving their law enforcement authority outside of the IG Act, including agencies that use U.S. Marshal’s Service deputation, will also be included in the peer review program.

OIGs with newly established digital forensics capabilities must immediately take steps to adhere to CIGIE’s Quality Standards for Digital Forensics. Compliance with these guidelines will be evaluated during an OIG’s next scheduled general investigation peer review but not sooner than 2 years following the implementation of a digital forensics program. For those OIGs with a peer review scheduled prior to the digital forensics program reaching 2 years, the OIG are strongly encouraged to allow the visiting peer review team to conduct an informal digital forensics assessment. The results of the assessment should be conveyed in a letter of observations (or similar document) that is separate and apart from the official peer review documentation. The findings of the informal assessment would not be included in the overall assessment of organizational compliance/non-compliance with CIGIE, Attorney General, etc. requirements.

The function of the CIGIE QAR is considered inherently governmental. The process must be handled within the Inspector General (IG) community and not contracted externally.

**5. Peer Review Memorandum of Understanding.** An MOU is recommended to ensure mutual agreement regarding the fundamental aspects of the external peer review and to avoid any misunderstandings. A critical component of this is a clear understanding of which investigative functions will be reviewed as well as which standards are applicable. In this regard, the reviewed OIG shall provide to the reviewing OIG a description of investigative functions that follow the CIGIE QSI and will be subject to the investigative peer review. For example, if the reviewed OIG's structure consists of an investigative operation reporting to the AIGI (or equivalent) as well as one or more investigative units reporting outside of the AIGI's chain of command (e.g., internal affairs or special investigative unit), the reviewed OIG may include those investigative in the QAR process. An OIG may forego a CIGIE peer review where an investigative function outside the Office of Investigations (or equivalent) had minimal activity, does not operate under the guidelines established by the QSI, or is subject to other sufficient or regular scrutiny and review.

The MOU is drafted, discussed, and then executed by both Inspectors General as soon as practical after the reviewed agency is notified of the QAR review process. An illustrative MOU is included in Appendix K and covers topics such as:

- a. Scope of the Review.** The reviewed IG describes the investigative offices and activities that will be subjected to the peer review. This includes, at a minimum, (1) the Office of Investigations (or equivalent primary investigative office); (2) any components that exercise law enforcement authority pursuant to the IG Act or other statutory authority; and (3) digital forensics activities, where such activities are performed. An OIG may opt to also include other investigative components that adhere to CIGIE's QSI. See the Planning and Performing the Investigative CIGIE QAR Section for further details.
- b. Staffing and Timeframe.** The review should be scheduled and conducted to ensure a report is issued within 2-3 months from the conclusion of the onsite review(s).
- c. Disclosure Restrictions.** The MOU may be modified for particular circumstances such as national security and non-disclosure agreements. However, it should not contain clauses that override the requirements in the QAR guidelines (e.g., deviating from the QAR rating options, changing the definitions, waiving the requirement for a final report).
- d. Preliminary Findings.** The MOU provides for timely interim discussion of preliminary findings including, as applicable, holding exit meetings at field offices visited. A commitment to open and ongoing communication between the parties is important to ensure that the review is conducted in an efficient manner.
- e. Reporting Results.** The MOU establishes the guidelines for the reporting process, specifically:
  - Designating the report's addressee and signer (e.g., draft issued to and from the respective AIGI or equivalent and final report issued to and from the Inspectors General);

- Providing a discussion draft report and a formal draft report for the official response;
- Scheduling the exit conference;
- Designating a time period for responses to the applicable draft reports; and
- Issuing the final report.

**f. Administrative Matters.** Other topics may be covered, as needed or considered appropriate including: the points of contact, purpose and objectives of the peer review, access to investigative and administrative files, review approach, handling of sensitive information or clearances required, and logistics and facilities access. When preparing the MOU, the parties should take care not to unreasonably restrict, in any way, the review team’s ability to conduct the work necessary to accomplish the objectives of the review. If restrictions exist, the OIGs may need to discuss whether there is a scope limitation because of these restrictions.

**g. Disposition and Disclosure of Peer Review Documentation.** The MOU shall cover the OIGs’ respective responsibilities for producing peer review records in response to requests such as Freedom of Information Act requests, litigation or discovery demands, or requests from oversight bodies. The parties may utilize Attachment A to the MOU to further delineate requirements in this area (Appendix K for a sample Attachment A).

**6. Review Team Staffing and Qualifications.** Conducting a CIGIE QAR review requires considerable professional judgment and leadership. The CIGIE QAR team will consist of a team leader with appropriate investigative background and experience. It is recommended, but not mandated, that the team leader be at or above the GS-15 grade level, or equivalent. The rest of the team will consist of OIG investigators and support staff from one or more OIGs, as deemed with the necessary knowledge, skills, and abilities to complete the peer review.

The team size and composition may vary depending on a number of factors including, but not limited to: the size and geographic dispersion of the OIG being reviewed; changes in organizational structure, control and leadership; and the number, type and importance of reports issued at each field location or satellite office.

If the organization under review has exercised law enforcement authority in the prior three years, the reviewing team must ensure that the team includes investigators with the knowledge and experience appropriate to review law enforcement functions.

If the organization under review handles classified information, members of the assessment team must have the appropriate level of security clearance(s) to permit a complete CIGIE QAR without undue limitation on the quality of the review.

**7. Independence.** The review team members and their senior management should meet the independence standards in the “Quality Standards for Federal Offices of Inspector General” and the CIGIE QSI. To avoid any appearance of bias, care

should be taken to ensure that the CIGIE QAR team members do not have relationships with the officials in the OIG being reviewed that would be viewed as lacking impartiality by knowledgeable third parties. The CIGIE QAR team members should not have been recent employees of the OIG being reviewed. Recent is defined as at least 3 years removed from employment for all team members. However if a team member was a GS-15 equivalent or above at the reviewed OIG, recent is defined as at least 5 years removed from employment. The OIG managing a CIGIE QAR cannot review an office that conducted its most recent CIGIE QAR or CIGIE audit peer review. Questions or concerns related to the composition of a particular QAR team should first be raised with the IG of the review team. If these issues cannot be resolved, they can be raised with the CIGIE Investigations Committee.

- 8. Confidentiality and Security.** The CIGIE QAR team should safeguard all privileged, sensitive personnel, confidential, non-public, and national security or classified information in compliance with applicable laws, regulations and professional standards.

All matters discussed, materials assembled, documents prepared and reports generated through an external CIGIE QAR should, at a minimum, be treated as proprietary information and maintained appropriately. To the extent possible, privileged and confidential information, such as names and other personally identifying information should not be recorded in reports issued by the CIGIE QAR team. The team leader must ensure that the team complies with relevant professional guidance on the use, protection, and reporting of information such as classified material, Internal Revenue Service tax information and protection of grand jury material and information.

In some circumstances, the OIG being reviewed may have statutory, regulatory or other restrictions on the dissemination of information relating to their cases. In such circumstances, the review team may be asked to sign non-disclosure agreements to provide the OIG being reviewed with assurances that the information being reviewed will be handled accordingly. This issue should be resolved prior to the commencement of the review to allow sufficient time for a legal review, as appropriate.

It is possible that the review team may not be granted access to sensitive material because of legal restrictions. If this situation occurs, the review team should review the system related to the maintenance and protection of information to determine the adequacy of established procedures. This also should be noted in the final report. Discussion among review team members of any information obtained during an external review is limited to a need-to-know basis.

- 9. Due Professional Care.** The review team should strive to achieve quality performance by exercising due professional care and sound professional judgment in planning, performing and reporting the results of the review.

**10. Self-Inspection Programs.** Some OIGs have an internal self-inspection program. If so, the OIG being reviewed will furnish a copy of any internal self-inspection reports that have been completed since the last peer review to the new CIGIE QAR team. The reviewed OIG may provide the QAR team with a copy of the self-inspection report before the onsite review. Additionally, the reviewed OIG may limit disclosure to only those portions that relate to areas covered by the peer review. Removal and/or copying of the internal report may be restricted by the reviewed OIG. The QAR team may consider information and corrective action from the self-inspection program; however, such information shall not be the sole basis for the overall QAR rating.

**11. Special Considerations.** The QSI guidelines and, when applicable, the Attorney General Guidelines, will be utilized to evaluate internal safeguards and management procedures for investigative functions. Questionnaires and checklists were developed to assist in conducting the review of organizations and revised to incorporate flexibility for special considerations that may arise. Some investigative functions and OIGs may or may not have law enforcement powers, and their investigative work may focus more heavily on administrative issues. Thus, when reviewing these OIGs, further coordination may be necessary to identify potential review issues that can arise. Additionally, there may be other regulatory requirements related to investigations conducted by these OIGs. Any unique circumstance should be discussed during planning, and when appropriate, included as part of the review. When conducting reviews of these OIGs, the review team should identify during the planning phase and in coordination with the reviewed office, areas that are not applicable or that have specific, additional authorizations.

## **PLANNING AND PERFORMING THE INVESTIGATIVE CIGIE QAR REVIEW**

As stated above, the objective of a QAR is to determine whether internal safeguards and management procedures are in place and operating effectively to provide reasonable assurance that established policies, procedures and applicable investigative standards are being followed. In making this determination, the CIGIE QAR team will analyze existing policies and procedures, conduct interviews with selected management officials and the investigative staff, and sample closed investigative files and other administrative records, as warranted.

The documentation required for a full peer review is completion of the CIGIE QAR Appendices A, B-1 or B-2 (as applicable), C-1, C-2 (if applicable), D-1, and D-2. For OIGs that have not exercised law enforcement powers during the review period, please note this on Appendix A, and annotate "N/A" for questions in subsequent Appendices that do not apply. For example, in Appendix D-1, the question "Was the FBI notified in accordance with Attorney General Guidelines?", if the case was an administrative case and no coordination with FBI was required, then the reviewing team should annotate "N/A" for that question.

1. **Scope.** The reviewed agency shall complete all applicable appendices prior to the on-site review. Answers to certain questions in appendices may not be readily available or apparent based on available documentation and information. In these instances, the peer review team should assess whether there is clear, specific and articulable information in the case file or from other sources to obtain the professional judgment necessary to assess the OIG.
2. **Approach.** The review team as a whole should be knowledgeable of all facets of investigative operations and use prudent judgment when evaluating compliance with the IG Act, other law enforcement authorization statutes, the CIGIE QSI, applicable law enforcement guidelines, and OIG policies and procedures. To the extent possible, teams will review offices with similar law enforcement authorities and structures.

Generally, review teams will be assessing whether the organization has policies, procedures or programs in place to ensure compliance with the CIGIE QSI, relevant law enforcement authorization statute(s), and the Attorney General's Guidelines or other applicable policies and guidance. More specifically, the review team will:

- Gain an understanding of reviewed agency's investigative function(s) and its system of quality control.
  - Evaluate whether the reviewed agency's policies and procedures are designed to provide reasonable assurance that they are complying with professional investigative standards, as well as other requirements via the QAR assessments.
  - Optionally interview a sample of various levels of the reviewed agency's professional staff to assess their understanding of and compliance with relevant quality control policies and procedures.
  - Gain an understanding of the reviewed agency's internal controls, and review internal self-inspection reports.
  - Using the knowledge obtained from the preceding steps, select the office(s) and elements of investigative functions to review, and determine the nature and extent of tests to perform.
  - Review a sample of individual investigations to assess compliance with professional investigative standards, as well as other requirements.
  - Review other documents necessary for assessing compliance with standards; for example, training documentation, and relevant human resources files.
  - Maintain open communication with the reviewed agency to ensure an understanding of the issues evaluated and an awareness of potential issues as they arise.
3. **Pre-Site Review Steps.** The organization being reviewed will complete Appendix A in its entirety and only the "Reviewed Agency Policy/Manual Reference" column of Appendices B-1 or B-2 and Appendices C-1 and/or C-2 (if applicable). See each appendix for completion instructions.

The Peer Review team leader should ensure the Peer Review team thoroughly understands the QAR process. This can be done by reading the QAR guide, reviewing the Peer Review presentation, or attending any training available.

In advance of a peer review, the reviewed OIG should indicate with an “N/A” those questions that do not apply to the organization. OIGs are strongly encouraged to provide explanatory comments for any questions it feels warrant “N/A.” These comments will aid the assessment by the reviewing organization. In instances where N/A is checked, a discussion between the two OIGs should occur prior to the start of the review to ensure there is a common understanding of why the question is not applicable.

The following references and other documentation must be made available for the review team to examine prior to the onsite review:

- a. **Manuals, Policy Statements and Handbooks** – pertinent documents describing the operational policies and procedures.
- b. **Semiannual Reports to Congress** – at least the four most recent semiannual reports to Congress. (The semiannual reports will provide information regarding the nature and volume of investigative work being performed. The reports may also assist the review team in identifying closed case files to be reviewed.)
- c. **A copy of the office’s last CIGIE QAR report and a summary of the corrective action taken in response to CIGIE QAR findings.**
- d. **Closed Case Inventory** – a listing of the cases closed during the past 12 months. (This listing should include information such as the case identifiers; dates the investigations were opened and closed; case types (e.g., employee integrity or procurement fraud); disposition; and types of action taken.) For OIGs with multiple entities that conduct investigations in accordance with the QSI, please delineate the entity that conducted the investigation.
- e. **Self-Inspection Report** – a copy (or appropriate portions) of self-inspection or internal evaluation reports conducted by the organization shall be provided in advance.

Requests for information should be submitted to the OIG being reviewed approximately 60 to 90 calendar days before the onsite review begins.

4. **Working Environment.** Before beginning the on-site work, the CIGIE QAR team leader should arrange with the reviewed agency to have adequate workspace for the review team. The AIGI or equivalent of the reviewed agency, or a designee, should facilitate the coordination of logistics for the CIGIE QAR team and in obtaining requested materials.

5. **Review Schedule.** The CIGIE QAR will be scheduled by mutual agreement between the review team and the agency to be reviewed. Once a tentative schedule is established, the reviewing organization should send the reviewed organization an engagement letter modeled on the example in Appendix E. The size of the organization or level of detail of the review may impact the time required to complete a review.
6. **Entrance Briefing.** An entrance briefing will be conducted with the IG or designee of the OIG being reviewed. The IGs and senior investigations personnel from each OIG should attend the entrance briefing. This meeting provides an opportunity to outline the objectives of the CIGIE QAR, review the methodology and address any areas of management concern. The MOU is discussed and signed by the IGs (or designees) during entrance briefing.
7. **Sample Selection.** It may be prohibitive in terms of time and resources for the review team to examine each field location and the entire population of OIG records to answer specific items in the appendices.

Factors to be considered in selecting the field location(s) to be reviewed include the following:

- Number, size and geographic dispersion of field offices
- Changes in organizational structure, control and leadership
- Number, type and importance of reports issued by location
- Degree of centralized control over field locations
- Results of prior internal inspection reports or other external reviews
- The need to verify the results of internal inspection reports

Due to the sensitive and dynamic nature of active investigations, the review team should review closed cases only during the CIGIE QAR (see Appendix D-1/D-2). In determining the number of closed cases in the sample, it should be kept in mind that the objective of the CIGIE QAR is to obtain information regarding the performance of the OIG overall, not each individual office. Therefore, team leaders should not feel that they need to select a certain number of reports at each location; rather, to the extent possible, the sample selection should facilitate the review of a cross-section of investigation types performed by the OIG staff at the location (e.g., procurement fraud, environmental crimes, technology crimes, traditional crimes, employee misconduct, etc.). Additionally, the review team may, at its discretion, review closed cases from prior years for further validation if the original sample is either too small or suggests potential deficiencies. However, the review team generally should not examine cases closed more than two years prior to the review. For OIGs that have multiple entities conducting investigations in accordance with the QSI, the review team should ensure that a representative sample of closed cases is reviewed from each entity. In such a circumstance, the reviewing team should prepare a separate Appendix D-2 for each entity being reviewed.

The following guidance is furnished to assist the review team in determining the number of closed cases selected in the sample:

Number of Cases Closed In the 12 Months Preceding On-site Work	Minimum Number of Closed Cases In the Sample
1-20	All Files
21 – 100 Cases	20 Closed Cases
101 – 500 Cases	30 Closed Cases
500 (or more) Cases	50 Closed Cases

The review team must apply a no-advance-notice policy in advising the OIG of the closed case files selected for review during the on-site visit, if possible.

Sampling may also be used to perform the following review steps:

- a. Reviewing documentation to determine whether investigators meet the basic qualifications for investigators.
- b. Review of training profiles, or the equivalent, to ensure investigators maintain their investigative and law enforcement skills.
- c. Interviews of various levels of the reviewed agency’s professional staff to assess their understanding of and compliance with relevant quality control policies and procedures.

**8. Defining and Identifying Observations, Findings, and Deficiencies.** Determining the relative importance of matters noted during the peer review, individually or combined with others, requires professional judgment. Careful consideration is required in forming conclusions. This includes assessing the nature, cause(s), pattern and pervasiveness of an issue.

The descriptions that follow are intended to assist in aggregating and evaluating the peer review results, forming conclusions and determining the rating of the peer review report to issue:

- a. **Observation.** An “observation” generally occurs when one or more “No” answers are recorded for questions in a peer review checklist (e.g., Appendices B-1, C-1 and D-1 [or others]).
- b. **Finding.** A “finding” is one or more related *observations* that result from a condition such that there is more than a remote possibility that the reviewed OIG’s system of quality control or compliance would not perform, or did not perform, in conformity with its policies and procedures, applicable professional

standards or related requirements. A review team will assess whether one or more findings will rise to the level of a deficiency (defined below). If the review team concludes that no finding, individually or combined with others, rises to the level of deficiency, a report rating of compliant is appropriate (see below). Findings may be reported to the reviewed OIG with suggestions for improvement, if appropriate.

- c. Deficiency.** A “deficiency” is one or more findings or conditions that the review team has concluded—due to the nature, causes, pattern, or pervasiveness, including the relative importance of the finding to the OIG’s system of quality controls taken as a whole—the reviewed OIG did not perform, or has a reasonable likelihood of not performing, in conformity with applicable professional standards or related requirements. A deficiency is limited to a material failure(s) to conform to critical elements of the CIGIE Quality Standards for Investigation, the Attorney General’s Guidelines for Statutory Law Enforcement Authority and related requirements (as applicable), and other applicable law enforcement authorities and guidelines. A deficiency indicates a breakdown in practices, programs and/or policies that had an actual or likely material adverse impact on the OIG’s ability to conform to those applicable professional standards. If the review team identifies one or more deficiencies, a report rating of noncompliant is generally appropriate. Deficiencies will be reported to the reviewed OIG with recommendations for correction and/or improvement.

In each of the above instances—observation, finding, and deficiency—the peer review team must consider the nature, causes, pattern, materiality, pervasiveness and relative importance to the issue or system of quality control as a whole. The OIG under review must be afforded the opportunity to provide explanatory or mitigating information prior to the review team reaching a conclusion. This conversation should be ongoing during the on-site, after the on-site, and no later than the discussion draft as necessary. A reviewed OIG may not be given a finding or deficiency for checklist items that are not applicable, or N/A, to that OIG. If a deficiency is identified, the reviewing agency must notify the OIG under review as soon as possible and prior to the issuance of the discussion draft.

The following circumstances generally do not give rise to a noncompliant finding:

- Administrative issues were found in a limited number of case files or at one of several sites reviewed;
- An issue existed in an area outside the exclusive or substantial control of the OIG such as security clearances/determinations;
- The reviewed OIG lacked stand-alone internal written policy but, in practice, complied with applicable standards;
- The organization occasionally violated its own internal policy, but has complied with the CIGIE QSI, Attorney General’s Guidelines, or equivalent

(e.g., internal policy documents require training at a shorter interval than it actually conducts, but its practice, although violating its policy, is consistent with the QSI and Attorney General’s Guidelines); or,

- Isolated instances of noncompliance with policy that are deemed to be not systemic or where corrective action has been taken.

CIGIE QAR assessments must be complete, fair, and balanced. One way to ensure the objectiveness, accuracy, and completeness of the findings is to obtain the views of the reviewed agency prior to finalizing the assessment. If tentative observations, findings or deficiencies are found, the team must discuss the situation with the appropriate responsible official(s) designated by the reviewed OIG *during* the review. On-the-spot corrections will be viewed favorably, but must be completed prior to the issuance of the final report.

Depending on the gravity of the matter corrected on the spot, the issue—and corresponding corrective action—may be discussed in either the opinion letter or letter of observations. All preliminary observations, findings, or deficiencies must be presented during the review to the official(s) designated by the reviewed OIG prior to issuing the draft report. This action will help avoid any misunderstandings and aid in ensuring that all facts are considered before a formal draft report is prepared.

- 9. QAR Rating Options.** The CIGIE QAR team has the below two options for assessing an OIG’s overall performance. The rating must be supported by sufficient, appropriate evidence. In forming the report rating, the review team should consider the nature and extent of the evidence taken as a whole. Foremost, however, determining what rating to issue is a matter of professional judgment and is the responsibility of the reviewing OIG.

<u>Rating</u>	<u>Explanation</u>
<b>Compliant</b>	<p>A rating of “compliant” conveys that the reviewed organization has adequate internal safeguards and management controls to ensure that CIGIE standards are followed and that law enforcement powers conferred by the IG Act or other statutes are properly exercised.</p> <p>Generally, observations or findings are reported as compliant and an OIG with one or more <i>deficiencies</i> may not receive a compliant rating.</p>

<u>Rating</u>	<u>Explanation</u>
<b>Noncompliant</b>	<p>A rating of non-compliant indicates the reviewed organization's internal safeguards and management controls are not adequate to ensure that CIGIE standards are followed or that law enforcement powers conferred by the IG Act or other statutes are properly exercised. For example, a breakdown in practices, programs, and/or policies that had an actual or likely material adverse impact on the OIG's ability to conform to those applicable professional standards or to exercise law enforcement powers.</p> <p>Generally, a non-compliant rating is given when one or more <i>deficiencies</i> are identified.</p>

**10. Discussion Draft.** This is a draft report that includes an outline of the results and contains the overall message of the results. Any potential observations, findings, and/or deficiencies will be supported by evidence. The discussion draft should be provided to the reviewed OIG prior to the exit conference. The intent of the discussion draft is to present information and facilitate exchange of information between the reviewed and reviewing OIGs on relevant issues of the peer review.

**11. Exit Conference.** A meeting will be held where the review team discusses the tentative findings with the IG and/or other members of the senior management team of the reviewed agency. The exit conference also provides added assurance that all aspects of the results have been considered and the reviewed and reviewing agency's positions are clearly established before the report is finalized.

**12. Formal Draft.** After the exit conference, the reviewing OIG considers any relevant information gained from reviewed OIG at and around the exit conference with respect to the tentative findings and prepares a formal draft. The formal draft is then provided to the reviewed OIG. The OIG being reviewed must be afforded an opportunity to comment on the formal draft report prior to the issuance of a final assessment report. All material facts provided by the reviewed organization must be considered by the review team to determine whether the initial comments included in the draft report should be revised. The reviewed OIG will provide written comments on the formal draft to the reviewing OIG.

**13. Final Report.** Prior to the issuance of the final report, the peer review team should consider any written comments from the reviewed OIG. If necessary, the final report will include the team comments or rebuttals. The entire written response from the reviewed OIG should be included in the final report. The goal of the review team should be to complete a QAR efficiently. Therefore, the following timeframes are provided as general guidance:

<b>Action Item</b>	<b>Recommended Timeframe</b> (calendar days)
Appointment of CIGIE QAR team leader and selection of review team.	120 days before the site review
Send engagement letter and draft MOU to reviewed agency.	90 days before the site review
Finalize MOU.	75 days before the site review
Request necessary information from the reviewed agency.	60 to 75 days before the on-site review begins
Reviewed agency provides information to the reviewing agency.	30 to 45 days before on-site review begins
Conduct the entrance briefing.	5 to 7 days before on-site review begins
Conduct on-site review.	5 to 10 days (depending on sites visited)
Complete the discussion draft and conduct the exit conference.	30 days after completing the on-site review
Complete the draft CIGIE QAR report and submit the draft report to the reviewed office for comment in an exit conference.	15 days after the exit conference
Allow offices being reviewed to comment on the draft report.	15 days upon receipt of report
Issue final CIGIE QAR report and related documents (including comments from the reviewed office, if any).	15 days after receipt of comment(s) by reviewed office
Memorandum from reviewed agency on the status of corrective actions it committed to implement.	45 days after issuance of final report

## REPORTING REVIEW RESULTS

The QAR Report consists of an Opinion Letter and an optional Observations Letter. See Appendix E.

1. **Opinion Letter.** This letter is prepared by the CIGIE QAR team and furnished to the IG of the reviewed organization. The body of the opinion letter contains information such as:
  - a. Scope of the review, including any limitations thereon, and any expansion of the review beyond the basic review guide, if applicable.

- b. Description of the review methodology, including the field offices visited and a listing, by case number, of each investigative file reviewed.
- c. The review team's opinion regarding the compliance or non-compliance with CIGIE QSI and applicable law enforcement standards.
- d. An explanation of review team actions taken in response to the OIG's official comments to the draft report.

If a rating of noncompliant is reported, all *deficiencies* that served as the basis for the rating must be included in an attachment. The deficiencies must be supported by clear and convincing evidence of noncompliance, as well as a specific listing of the standard(s) violated.

A noncompliant rating will also be accompanied by recommendations for corrective action and/or improvement. Such recommendations for corrective action and/or improvement should be discussed with the reviewed OIG prior to finalizing the opinion letter. The review team will work closely with the Investigations Committee to determine if the reviewed OIG will be required to provide periodic updates on the status of implementing recommendations. The timing and form of such updates, and to whom they will be provided, will also be determined in coordination with the CIGIE Investigations Committee. Recommendations will be closed upon mutual agreement between the Investigations Committee and reviewed OIG. They will remain open or not fully implemented until that time. The Investigations Committee will review and resolve disputes in this area. Deficiencies and associated recommendations may be reportable in an organization's Semiannual Report to Congress.

- 2. Observations Letter.** A supplemental observations letter may optionally be furnished to the IG of the reviewed office. Observations may fall into two categories:
- a. "Best Practices" or similar notable positive attributes of the organization. In keeping with the constructive nature of the CIGIE QAR program, the reviewing agency will highlight practices, policies, programs, accomplishments, etc., that are particularly worthy of praise or acknowledgement. Examples include, but are not limited to, a comprehensive management development program, an advanced management information system and quality report writing and reviewing process.

In coordination with the reviewed agency, the team should report particularly noteworthy accomplishments found during the review to the CIGIE Investigations Committee for dissemination. Other OIGs may benefit from this information. This may be done in a separate letter from the team leader to the Committee.

**b. Areas for Improvement or Increased Efficiency/Effectiveness.** Peer review teams may offer suggestions for improvement or increased efficiency/effectiveness based on observations, findings and deficiencies identified. The reviewing team will identify a specific applicable Quality Standard, Attorney General's Guideline, or other statutory law enforcement authorization statute as a benchmark. Isolated instances of policy or procedural nonconformity, or non-systemic events or conditions, are included here. For example, a review team could identify policies or programs that are inconsistent with applicable standards. Implementation of the suggestions is done at the discretion of the reviewed OIG and will not be tracked or monitored by the review team.

**3. Dispute Resolution.** If an issue arises, as a first step the matter should be forwarded to the respective AIGs or equivalents of both the reviewed and reviewing agency first for resolution. The second step is for the reviewed and reviewing Inspectors General to informally resolve the dispute. The reviewed OIG may seek informal advice and guidance from the Investigations Committee regarding any concerns about draft findings or deficiencies. As a third step, the IG of the reviewed organization may formally refer a dispute about a draft deficiency or other significant unresolved issues to the CIGIE Investigations Committee for review and resolution, if the IG cannot resolve the matter with the CIGIE QAR team. The IG of the reviewed organization should provide the Investigations Committee: (a) a copy of the *draft* CIGIE QAR report and attachments, (b) the reviewed organization's response to the draft CIGIE QAR findings, and (c) a written summary of the material facts regarding the disagreement.

The Investigations Committee should work with the OIG being reviewed and the IG of the QAR team to resolve the dispute. A range of options are available to the Investigations Committee. For example, the Investigations Committee may elect to: (a) accept the QAR team's initial conclusion related to a deficiency; (b) accept the reviewed organization's explanations; (c) request the QAR review team conduct additional work to facilitate the resolution of the disagreement; (d) form a new QAR team tasked with conducting further review of the disputed findings; or (e) other options not specifically anticipated here.

**4. Letter Distribution.** The review team will distribute the final peer review results as follows:

- a. Reviewed OIG: Original Opinion Letter and Observations Letter(s).
- b. CIGIE Investigations Committee: Copies of Opinion Letter (including attachments) and Observations Letter(s) will be sent to:

Executive Director  
Council of the Inspectors General on Integrity and Efficiency  
1717 H Street, NW, Suite 825  
Washington, DC 20006

- c. Attorney General: Copy of Opinion Letter, including any attachments, only for those agencies that receive their law enforcement authority pursuant to Section 6(e) of the IG Act. This letter will be sent directly to the Attorney General at:

U.S. Department of Justice  
Attn: Attorney General (CIGIE Investigative Peer Review)  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

Additionally, consistent with the CIGIE Quality Standards for Federal Offices of Inspector General, a reviewed OIG may provide a copy of the final letters resulting from the CIGIE QAR to the head of the agency or department and/or make the results publicly available.

- 5. **Files Maintenance.** All files, records, notes, memoranda or other documents obtained from the office reviewed will be returned to the reviewed OIG after the final report. The reviewed agency shall keep this documentation until the next peer review is completed of the reviewed agency. Documentation must be turned over to the reviewed agency (if requested) or destroyed using a secure method (e.g., shredding) as referenced in the MOU.

The OIG conducting the CIGIE QAR will institute a record retention policy in accordance with guidelines established by the National Archive and Records Administration. All requests for access to the CIGIE QAR files—to include Freedom of Information Act (FOIA) and Privacy Act (PA) requests, litigation or discovery demands, or requests from oversight bodies—must be processed in consultation with the reviewing and reviewed IG and the CIGIE Executive Director. Depending on the nature of the request, the reviewing agency may need to refer the requested/demanded documentation to the reviewed agency for further processing.

## **ACKNOWLEDGEMENTS**

The individuals below were contributors for this revision of the QAR Guide.

### **The QAR working group consisted of the following individuals:**

Howard Arp, AIGI, GAO OIG  
Alan Boehm, AIGI, NSF OIG  
Timothy R. Camus, DIGI, TIGTA  
Ann Coffey, AIGI, USDA OIG  
Paul Conlon, AIGI, FHFA OIG  
John R. Hartman, AIGI, SEC OIG  
Jim Ives, AIGI, NASA OIG  
Dermot O'Reilly, AIGI, DOD OIG  
William R. Siemer, AIGI, USPS OIG  
Tyler Smith, AIGI, HHS OIG

### **Special Assistance:**

Thadious Motley III, Special Agent in Charge, SEC OIG

### **Investigations Committee Member**

**Chair:** Carl W. Hoecker, IG, SEC OIG