

Management Accountability Review

Policy and Litigation Division

May 6 – June 30, 2010



Areas Reviewed:

Standard Operating Procedures
Strategic Business Plan
Packers & Stockyards Automated System/Change Control Working Group

Executive Summary

The Packers and Stockyards Program (P&SP) Management Assessment Review Team (MART) conducted a Management Accountability Review (MAR) on May 25 through May 26, 2010, the remaining review and assessment was conducted by Paradigm Technologies on June 1 through June 18, 2010 of the following Policy and Litigation Division (PLD) operational areas:

1. Standard Operating Procedures (SOP)
2. Strategic Business Plan (SBP) objectives
3. Packers & Stockyards Automated System (PAS) / Change Control Working Group (CCWG)

An automated scoring module for each core process was developed and used to determine compliance with specific areas of the SOP's, SBP, and PAS/CCWG that were identified as part of this MAR. The SOPs were weighted the most, however, in instances where the SBP compliance was not applicable, the SOPs and PAS/CCWG compliance were weighted equally. SOPs that do not include SBP or PAS/CCWG compliance were weighted equally.

For each area under review, the following 10 point scorecard was used to assess overall compliance.

GREEN	YELLOW	RED
Overall average per area between 90% to 100%; Minor improvements possible; No corrective action required; Less frequent audits required	Overall average per area between 70% and 89%; Findings, but no serious weaknesses; Corrective action required with follow-up from RD or more frequent audits	Overall average per area less than 70%; Material weakness discovered; Mandatory corrective action required with follow-up audit

Using this scorecard allowed the MART to identify those particular areas within PLD that require attention or improvement. The following table depicts the PLD rating for each area reviewed. Additional details, including the overall score and findings/recommendations with supporting documents, are included in this report.

RATING	REVIEW AREA	SCORE
YELLOW	PLD-1: PLD/OGC Enforcement	72%
YELLOW	PLD-2: Posting / Deposting	89%
GREEN	PLD-3: Form Changes	100%
GREEN	BEAD/PLD-4: Official Correspondence	95%
GREEN	PLD-5: Policy	90%
YELLOW	PLD-6: Notice of Enforcement Actions	81%
YELLOW	PLD-7: Regulations	79%
GREEN	PLD-8: Reparations	100%
GREEN	PLD-9: Web Content Administration	93%

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Introduction

The United States Department of Agriculture (USDA) Grain Inspection, Packers and Stockyards Administration (GIPSA), Management Accountability Program, requires that reviews of the Packers and Stockyards Program (P&SP) Headquarters and Regional offices be conducted. Administrative Instruction (AI-3) sets forth the components of this program to ensure compliance with P&SP policies and procedures and with OMB Circular A-123's standards for management controls.

From May 6 to May 21, 2010 data was abstracted from PAS by the PAS Administrator and provided to Paradigm Technologies for the initial validation, assessment, and selection of random sampling sizes. On May 25 and 26, 2010, the Management Assessment Review Team (MART) reviewed and evaluated the technical performance of the Policy and Litigation Division (PLD). The remaining randomly selected data from PAS was assessed and evaluated by Paradigm Technologies from June 1 to 18, 2010. This MAR includes the time period of October 1, 2009 through April 30, 2010 in the following three operational areas: Standard Operating Procedures (SOPs), Strategic Business Plan (SBP) objectives, and Packers and Stockyards Automated System (PAS)/Change Control Working Group (CCWG). The MART consisted of the following individuals:

- Dana Stewart, ODA, P&SP, Headquarters
- Regina Ware, P&SP, Headquarters PAS Administrator
- Katie Stout, P&SP, LIE, Midwestern Regional Office
- Steve Pappaducus, Marketing Specialist, Midwestern Regional Office
- Carla Thomas, P&SP, LIE, Eastern Regional Office
- Robbie Obiekwe, P&SP, Auditor, Eastern Regional Office
- Ann Webster, P&SP, CRU, Western Regional Office
- Jack VerLinden, P&SP, Auditor, Western Regional Office
- Julie Shamblin, P&SP, RA, Western Regional Office
- Alan Booco Paradigm Technologies, Inc.
- Virginia Cole, Paradigm Technologies, Inc.

The MAR evaluated the PLD's ability to effectively and uniformly apply the rules and requirements set forth in the Department and Agency objectives and standards, policies, and PAS compliance. The MAR final report includes a summary of findings, recommendations, and supporting documentation. The findings section reflects significant items that require corrective action by the PLD and formal notification by memo to the Office of Deputy Administrator (ODA) that the item(s) were resolved, unless otherwise noted. For each finding, the recommendations section reflects the MART's suggestions for improving the performance in affected areas, some of which may not require formal notification

to the ODA. The ODA may conduct follow-up reviews to ensure that corrective action was taken for those instances that were deemed major.

Methodology

The MART developed and used standardized review forms to determine and document compliance. The review forms contain the following sections: 1) Guidance, 2) Review Plan, 3) Results, and 4) Summary. An explanation of each section can be found in [Attachment 1](#).

For each specific area of the SOP, SBP, and PAS/CCWG under each core process review, the number of instances examined was compared to the number of instances deemed compliant to determine an individual percentage. The number of instances was determined by selecting an appropriate sampling plan (either 100 percent inspection or random sampling). Most of the data was abstracted from PAS queries; however, the remaining data was abstracted from existing reports, documents, logs, spreadsheets, and communication (interviews) were used as validation and are documented on the review form. Validation and sample sizes depended on weight of question and amount of instances reviewed. For this review, 100 percent verification was not possible in all areas, but the MART assures that a representative sample was sufficient for those not inspected at the 100 percent threshold. Each individual percentage was averaged to calculate an overall compliance percentage.

The following scorecard was used to assess overall compliance for each core process under review.

GREEN	YELLOW	RED
Overall average per area between 90% to 100%; Minor improvements possible; No corrective action required; Less frequent audits required	Overall average per area between 70% and 89%; Findings, but no serious weaknesses; Corrective action required with follow-up from RD or more frequent audits	Overall average per area less than 70%; Material weakness discovered; Mandatory corrective action required with follow-up audit

Findings and Recommendations

PLD-1: PLD/OGC-1 Enforcement

The PLD results in this area were weakest in the SOP Performance Objectives.

RATING	REVIEW AREA	SCORE
YELLOW	PLD/OGC-1: Enforcement	72%

P&SP Management Accountability Review Form

Section 1 - Guidance			
SOP	PLD/OGC-1 Enforcement		
SBP	Goal 2 - Attain compliance through investigation and enforcement Objective 1 - Expedite the timely completion of investigations		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
Frequency	Annually unless otherwise specified		
Sampling Plan	Random sampling		
Validation	(1) Verify dates the cases were assigned to PLD staff through PSAS (2) Randomly sample cases submitted and reviewed to identify which were offered stipulation, then compared date of stipulation agreement to the date the letter was delivered by US Post Office (3) Randomly sample cases that were referred to OGC; verify the date of the transmittal letter as date signed, and PSAS to verify when case file was submitted (4) Review quarterly reports to validate tracking of investigation timeframes		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
(1) PLD Director or designee assigns case to PLD staff within three business days of receipt	248	191	77%
(2) If the case is suitable for stipulation, PLD staff prepares a stipulation letter within five business days.	36	34	94%
(3) PLD staff assistant sends stipulation letter with approval signature within three business days of receipt.	40	29	73%
(4) For enforcement, PLD staff prepares the case file and attaches transmittal letter within five business days for OGC review.	246	231	94%
(5) For enforcement, PLD Director approves document and sends to OGC within three business days of receipt.	167	143	86%
(6) If the Respondent accepts stipulation, the designated PLD liaison will submit payment to GIPSA lockbox and related paperwork to APHIS within one business day of receipt	23	6	26%
(7) If PLD has comments on draft complaint, it will be returned to OGC with corrections and updates within three business days after initial receipt	4	2	50%
(8) If PLD has no comments on draft complaint, PLD will inform the attorney assigned to the case within two business days after initial receipt	26	11	42%
(9) PLD staff assistant will make the appropriate number of hard copies of the approved complaint and file at Hearing Clerk Office within one business day after receipt of signed copy from Deputy Administrator	13	10	77%
(10) SOP Checklist	61	58	95%
SBP Activity Performance Standard			
(1) Measure quarterly the average time to conduct an investigation and resolve the case through an internal P&SP resolution or through a formal administrative or civil action			
PSAS / CCWG Compliance (Checklist)			
PSAS / CCWG Checklist	80	59	74%
Overall PLD-1 Compliance			72%
Section 4 - Summary			
Findings / Recommendations:			
<p>General Comment - For additional details and findings, see PLD/OGC-1 Supporting Documentation/Tech Team Reviewer's Sheet</p> <p>SOP (3 and 5) - There is a discrepancy with due dates set in PSAS vs due dates established in the SOP. There are several instances where the due date is set for 5 days vs 3 day timeframe reflected in the SOP. Suggest determine which date is more realistic and update SOP and/or PSAS as necessary.</p> <p>SOP (8 and 9) - Due dates in PSAS are set from 3-5 days for review which is inconsistent with the SOP timeframe of 3 days. Suggest determine which date is more realistic and update SOP and/or PSAS as necessary. SOP (9) - Suggest ensure docket number is entered in PSAS for completion of task.</p> <p>SBP (1) - Since a timeframe was not designated for PLD in the SOP, this question can not be measured. An analysis has been conducted to determine the average time to close a PLD investigation though. The average time is 69 days. Through the analysis, it was discovered that a number of entities did not have a "Senttohqdate" entered. For these entities, an average could not be determined. See supporting documentation for details.</p>			
Overall Rating:	YELLOW		72%
Persons	N/A		
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Julie Shamblin (WRO - MAR Tech Team) Robbie Obiekwe (ERO - MAR Tech Team) Katie Stout (MRO MAR Tech Team) Carla Thomas (ERO Tech Team) Alan Booco (Paradigm Technologies, Inc.) Virginia Cole - (Paradigm Technologies, Inc.)	Date:	5/26/2010

Findings

SOP Performance Objective (1): "PLD Director or designee assigns case to PLD staff within three business days of receipt."

- Of the 248 instances reviewed, 57 instances were found in which the PLD Director failed to assign case to PLD staff within three business days of the receipt. See PLD/OGC-1 supporting documentation for details.

SOP Performance Objective (2): "If the case is suitable for stipulation, PLD staff prepares a stipulation letter within five business days."

- Of the 37 instances reviewed, two instances were found in which PLD staff failed to prepare a stipulation letter within five business days.
 - ECM # 17905 and 40250, PLD staff failed to prepare stipulation letter within the allotted timeframe.

SOP Performance Objective (3): "PLD staff assistant sends stipulation letter with approval signature within three business days of receipt."

- Of the 40 instances reviewed, 11 instances were found in which the PLD staff assistant did not send the approved stipulation letter within the allotted timeframe.
 - Due dates (five days) in PAS differs from SOP due dates (three days). See PLD/OGC-1 supporting documentation for details.

SOP Performance Objective (4): "For enforcement, PLD staff prepares the case file and attaches transmittal letter within five business days for OGC review."

- Of the 246 instances reviewed, 15 instances were found in which the PLD staff did not prepare the case file and attach the transmittal letter within the allotted timeframe. See PLD/OGC-1 supporting documentation for details.

SOP Performance Objective (5): "For enforcement, PLD Director approves document and sends to OGC within three business days of receipt."

- Of the 167 instances reviewed, 24 instances were found in which the PLD Director did not approve document and send to OGC within the allotted timeframe.
 - Due date (five days) in PAS differs from SOP due date (three days). See PLD/OGC-1 supporting documentation for details.

SOP Performance Objective (6): "If the Respondent accepts stipulation, the designated PLD liaison will submit payment to GIPSA lockbox and related paperwork to APHIS within one business day of receipt."

- Of the 23 instances reviewed, 17 instances were found in which the designated PLD liaison did not submit payment to GIPSA lockbox and related paperwork to APHIS within the allotted timeframe. See PLD/OGC-1 for supporting documentation details.

SOP Performance Objective (7): “If PLD has comments on draft complaint, it will be returned to OGC with corrections and updates within three business days after initial receipt.”

- Of the four instances reviewed, two were found in which the PLD failed to return comments to OGC with corrections and updates within the allotted timeframe. Task due date in PAS ranges from three to five days which differs from SOP required timeframe. See PLD/OGC-1 supporting documentation for details.

SOP Performance Objective (8): “If PLD has no comments on draft complaint, PLD will inform the attorney assigned to the case within two business days after initial receipt.”

- Of the 26 instances reviewed, 15 instances were found in which the PLD failed to inform the attorney assigned to the case of no comments on draft complaint within the allotted timeframe. Task due date in PAS ranges from two to five days which differs from SOP required timeframe. See supporting documentation for details.

SOP Performance Objective (9): “PLD staff assistant will make the appropriate number of hard copies of the approved complaint and file at Hearing Clerk Office within one business day after receipt of signed copy from Deputy Administrator.”

- Of the 13 instances reviewed, 10 instances were found in which the PLD staff assistant failed make the appropriate number of hardcopies of the approved complaint and file at the Hearing Clerk Office within the allotted timeframe. Task due date in PAS ranges from three to five days which differs from SOP required timeframe. See PLD/OGC-1 supporting documentation for details.

SBP Activity Performance (1): “Measure quarterly the average time to conduct an investigation and resolve the case through an internal P&SP resolution or through a formal administrative or civil action.”

- Since a timeframe was not designated for PLD in the SOP, this activity could not be measured. However, an analysis was conducted to determine the average time to close a PLD investigation. Results revealed, the average time it takes PLD to complete an investigation is 79 days. Through the analysis, it was discovered that a number of entities did not indicate date when sent to Headquarters, for those instances, an average could not be determined. See supporting documentation for details.

Process Category	Average Time (Days) to Close Investigation
Annual Report Inaccurate	27
Annual Report Not Received	53
Bond/Trust Claim Violation	121
Check Weigh Violation	104
Competition Violation	34
Dealer Violation	51
Financial Violation	124
Market Violation	42
Packer Violation	79
Poultry Violation	94
Registration Not Received	74
Trade Practice Violation	149
Total AVG:	79

SOP Checklist Step 4.a: “For enforcement, does the folder contain the sanction summary?”

- Four instances were reviewed. All were found compliant in which the PLD included the sanction summary in the enforcement folder.

SOP Checklist Step 4.d and 9.d: “If the decision is to not continue enforcement, PLD closes the enforcement folder and indicates reason in notes tab in ECM.”

- Of the 15 instances reviewed, three were outside the timeframe, the remaining 12 were found compliant in which the PLD closed the enforcement folder and completed notes in ECM.

SOP Checklist Step 6.a: “If the respondent accepts stipulation, did PLD record acceptance date, penalty, and sanction.”

- Eight instances were reviewed, two instances were found in which the PLD failed to record the acceptance date, penalty, and sanction for stipulation.
 - ECM #33623, does not list penalty and #4341 does not list penalty and sanction.

SOP Checklist Step 7: “Was public press release of court settlement issued?”

- Ten instances were reviewed. Of the 10, one instance was not applicable and one instance was found in which the PLD failed to issue public press release of court settlement issue.
 - ECM #26554 does not include notes nor does the workflow identify a press release task.
 - ECM #26547, there was no press release task at the time this folder was being worked.

SOP Checklist Step 15: “All relevant documents (i.e. docket complaint consent decision, order, etc) scanned and uploaded to folder.”

- Of the 18 instances reviewed, all instances were found compliant in which the PLD scanned and uploaded all relevant documents to folder.

PAS / CCWG Checklist #1 Step 6: “Does ECM include stipulation acceptance date?”

- Of the 25 instances reviewed, all instances were found in compliance in which the PLD entered the stipulation acceptance date in ECM.

PAS / CCWG Checklist #2 Step 6.a/ 22 & 23.b: “If stipulation or enforcement was sanction tab completed?”

- Of the 10 instances reviewed, one instance was not applicable because its on-hold awaiting response and two instances were found in which the PLD failed to complete the sanction tab.
 - ECM # 26679 on-hold awaiting response.

PAS / CCWG Checklist #3 Step 8: “Was type of case identified in OGC tab?”

- Of the ten instances reviewed, four instances were found in which the PLD failed to identify the type of case in OGC tab.
 - See PLD/OCG-1 Supporting Documentation for details

PAS / CCWG Checklist #4: “Notes tab completed and up to-date?”

- Of the ten instances reviewed, four instances were found in which the PLD failed to complete the notes tab
 - ECM #31186, received workflow on 12/7/09, folder closed 2/25/10, only documented note is in reference to a check received on 11/16/09
 - ECM #34700, received workflow on 12/1/09, folder closed 3/4/10; only documented notes are in reference to press release on 3/4/10.
 - ECM #26554 and #33240, no notes included in tab

PAS / CCWG Checklist #5: “All tabs completed, all documents scanned (i.e. Case file, Transmittal, Compliant)”

- Of the 15 instances reviewed, all were found in compliance in which PLD completed all tabs and scanned all documents (case file, transmittal, compliant)

PAS / CCWG Checklist #6: “Is the file naming convention correct?”

- Of the 10 instances reviewed, all were found non-compliant in which the PLD did not use the correct naming convention.

Recommendations

- There are several instances where the task due date in PAS differs from the established timeframe in the SOP; specifically performance objectives that require either two or three business days. Suggest determine which

date is the more realistic due date and update the SOP and/or PAS as necessary.

- The naming convention is an issue. Employees have various interpretations of the instructions, which results in numerous variations of file names in PAS and makes it difficult to determine whether the correct file is located in the correct folder. Suggest relooking at naming convention instructions to make them clearer, more concise, and easier to understand. Additionally, if at all possible, we recommend PAS be modified to build the file names automatically. All the agent would have to provide is basic information about the file such as the entity name, type of file, etc. and PAS should do the rest. This seems like a function that could be automated and this would remove any human error from the process.

PLD-2: Posting / Deposting

PLD was rated yellow in this area; minor findings are reported for continuous improvements.

RATING	REVIEW AREA	SCORE
YELLOW	PLD-2: Posting / Deposting	89%

P&SP Management Accountability Review Form			
Section 1 - Guidance			
SOP	PLD-2 Posting / Deposting Stockyards		
SBP	N/A		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Follow-up		
Frequency	Annually unless otherwise specified		
Sampling Plan	100%		
Validation	Verify posting / deposing notices through PSAS		
Section 3 - Checklist Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
SOP Checklist	70	62	89%
SBP Activity Performance Standard			
N/A			
PSAS / CCWG Compliance (Checklist)			
N/A			
Overall PLD-2 Compliance			89%
Section 4 - Summary			
Findings / Recommendations:			
SOP Checklist - Currently, there is no workflow for posting and de-posting in ECM, however, the posted stockyard type, date, and number to a facility are entries that have to be completed. Postings/ depositions are currently being tracked in a spreadsheet outside PSAS. Suggest update SOP to remove PSAS updates.			
If the process has changed to provide posting sign to corresponding RO; therefore, SOP needs to be updated to reflect this change. This change could not be verified.			
Overall Rating:	YELLOW		89%
Persons interviewed:	Catherine Grasso - PLD Program Analyst		
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies, Inc.)	Date:	5/27/2010

Findings

SOP Checklist #1 Step 2.a.1: "Is PAS updated after Posting Number is assigned?"

- Twenty instances were reviewed and all instances were found in compliance with updating posting number. Currently, there is no workflow for posting and de-posting in ECM; therefore, this activity is being tracked in a separate outside of PAS. However, the posted stockyard type, date and number to a facility have to be entered in the system.

SOP Checklist #2 Step 4: "Was CD or hard copy provided to MBS for clearance, signature, and FR submission?"

- Could not be verified

SOP Checklist #3 Step 5.b: “Were the posting sign and instructions mailed using traceable delivery?”

- Eight instances were reviewed where PLD provided posting sign to corresponding RO. Per PLD, this process has changed to provide posting sign to corresponding RO who is not responsible for forwarding to the posting sign to the stockyard facility using traceable delivery. If so, the SOP needs to be updated to reflect the change. This change could not be verified.

SOP Checklist #4 Step 12: “Is PAS updated after deposting notice is published in the Federal Register?”

- Of the 34 instances reviewed, all were updated and tracked in a spreadsheet outside PAS.
 - Currently, there is no workflow for posting and de-posting in ECM, however, the posted stockyard type, date, and number to a facility are all entries that have to be completed in AMS

SOP Checklist #5 Step 13: “Was letter and a copy of Federal Register Notice mailed to owner?”

- Of the eight instances reviewed, all were found non-compliant in which PLD mailed a copy of the FR notice to the owner
 - PLD only provides the letter to the owner; a copy of the FR notice is goes into the owners file and is not mailed.

Recommendations

- Since there is no workflow for posting and de-posting in ECM, suggest update SOP to remove requirement to update PAS after deposting.
- If the process has changed to provide posting sign to corresponding RO; therefore, SOP needs to be updated to reflect this change.
- If requirement has changed to only include a copy of Federal Register Notice in the owners file and no longer mail to the owner, SOP needs to be updated to reflect the change.

PLD-3: Form Changes

PLD was rated green in this area, minor improvements in the SOP Performance Objectives.

RATING	REVIEW AREA	SCORE
GREEN	PLD-3: Form Changes	100%

P&SP Management Accountability Review Form			
Section 1 - Guidance			
SOP	PLD-3 Form Changes		
SBP	N/A		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
Frequency	Annually unless otherwise specified		
Sampling Plan	100%		
Validation	Verify changes on I: drive		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
SOP Checklist	2	2	100%
SBP Activity Performance Standard			
N/A			
PSAS / CCWG Compliance (Checklist)			
N/A			
Overall PLD-3 Compliance			100%
Section 4 - Summary			
Findings / Recommendations:			
SOP Checklist - Validated documentation provided to MBS (through email correspondence) for clearance; suggest establish a tracking mechanism when items are provided to MBS for clear traceability.			
Overall Rating:	GREEN		100%
Persons interviewed:			
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies,	Date:	5/27/2010

Findings

SOP Checklist #1 Step 4: "Was the required OMB package prepared and provided to MBS for clearance?"

- The one instance reviewed, the PLD was found in compliance with preparing and providing the required OMB package to MBS for clearance.

SOP Checklist #2 Step 8: "Were the revised form(s) posted on the I: drive?"

- The one instance reviewed, the PLD was found in compliance posting the revised form on the I:drive.

Recommendations

- Validated documentation (emails) provided to MBS for clearance; suggest establish a tracking mechanism when items are provided to MBS for clear traceability.

BEAD/PLD-4: Official Correspondence

PLD was rated green in this area with material weaknesses in the SOP Performance Objectives.

RATING	REVIEW AREA	SCORE
GREEN	BEAD/PLD-4: Official Correspondence	95%

P&SP Management Accountability Review Form			
Section 1 - Guidance			
SOP	BEAD/PLD-4 Official Correspondence		
SBP	N/A		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
Frequency	Annually unless otherwise specified		
Sampling Plan	Random sample		
Validation	Check the official correspondence folder maintained by the secretary		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
SOP Checklist	85	81	95%
SBP Activity Performance Standard			
N/A			
PSAS / CCWG Compliance (Checklist)			
N/A			
Overall PLD-4 Compliance			95%
Section 4 - Summary			
Findings / Recommendations:			
SOP Checklist - Assignments to staff are assigned verbally and there is no tracking mechanism in place to track internal suspense date - rely on posting of assignments on I:drive			
Overall Rating:	GREEN		95%
Persons interviewed:	Roger Schneider - BEAD Economist Donna Ash - Secretary		
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies, Inc.)	Date:	5/27/2010

Findings

SOP Checklist #1 Step 1: "Did the secretary input correspondence in tracking spreadsheet?"

- Of the 17 instances reviewed, all instances were found in which the PLD tracks correspondence.

SOP Checklist #2 Step 2: "Did the Director assign inquiry to staff with an internal suspense date?"

- Of the 17 instances reviewed, all instances were found in which the PLD assigns inquiry to staff with an internal suspense date.

SOP Checklist #3 Step 2: “Was the assignment tracked?”

- Of the 17 instances reviewed, all instances were found in which the PLD tracked assignments.

SOP Checklist #3 Step 3: “Was the draft correspondence saved to the I: drive using the folder number assigned by ODA as the file name?”

- Of the 15 instances reviewed, 2 instances were found in which draft correspondence could not be found on the I: drive.

SOP Checklist #4 Step 7: “Were the final hard copies filed and recorded in reader file on I: drive?”

- Of the 15 instances reviewed, 2 instances were found in which final hard copies could not be found on the I:drive.

Recommendations

- Currently, correspondence is being tracked in a spreadsheet in the front office. Assignments to staff are assigned verbally and there is no tracking mechanism in place to track internal suspense date; the Director relies on posting of assignments on I:drive. Suggest establish a tracking mechanism for assignments for traceability and accountability.

PLD-5: Policy

PLD obtained a green rating; minor improvements in PAS compliance.

RATING	REVIEW AREA	SCORE
GREEN	PLD-5: Policy	90%

P&SP Management Accountability Review Form			
Section 1 - Guidance			
SOP	PLD-5 Policy		
SBP	Goal 3 - Implement policy and regulations, and perform industry analysis that effectively and efficiently keep pace with the changing livestock, meat, and poultry industries Objective 1 - Prioritize and develop regulations and policy		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	Annually <input type="checkbox"/> Follow-up
Frequency	Annually unless otherwise specified		
Sampling Plan	100% of SBP and random sample of SOP		
Validation	SOP(1): Randomly sample policies adopted		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
(1) Notify employees within seven business days after new policy is approved or adopted	4	4	100%
(2) SOP Checklist			
SBP Activity Performance Standard			
There are no PLD Strategic Business Plan performance measures to be reviewed at this time			
PSAS / CCWG Compliance (Checklist)			
PSAS / CCWG (Checklist)	5	4	80%
Overall PLD-5 Compliance			90%
CCWG Compliance (Checklist)			
Section 4 - Summary			
Findings / Recommendations:			
PSAS/ CCWG Checklist - Include notes to clearly document completion of task			
Overall Rating:	GREEN		90%
Persons interviewed:			
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies, Inc.)		Date: 5/27/2010

Findings

SOP Performance Objective (1): "Notify employees within seven business days after new policy is approved or adopted"

- Of the four instances reviewed, all instances were found in which the PLD notified employees after new policy was approved or adopted within the allotted timeframe.

SOP Checklist # 1 Step 10: "Provided industry policy to MBS for clearance, signature, and submission (CD/ paper copy)"

- No external policy during this timeframe.

SOP Checklist # 2 Step 13: "Was Public Notice posted in the Federal Register?"

- No external policy during this timeframe.

PAS/ CCWG Checklist # 1 Step 3: "Was folder updated with the most current information available about each request?"

- Of the four instances reviewed, one instance found in which PLD did not update the folder with the most current information.

Recommendations

- Complete notes tab to ensure the most current information is available and notes are clear to completion of task.

PLD-6: Enforcement Actions

PLD obtained a yellow in this area, minor improvements in SOP Performance Objectives.

RATING	REVIEW AREA	SCORE
YELLOW	PLD-6: Enforcement Actions	81%

P&SP Management Accountability Review Form			
Section 1 - Guidance			
SOP	PLD-6 Notice of Enforcement Actions		
SBP	N/A		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
Frequency	Annually unless otherwise specified		
Sampling Plan	Random sampling		
Validation	Randomly select enforcement actions to verify the process		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
SOP Checklist	16	13	81%
SBP Activity Performance Standard			
N/A			
PSAS / CCWG Compliance (Checklist)			
N/A			
Overall PLD-6 Compliance			81%
Section 4 - Summary			
Findings / Recommendations:			
General Comment - For additional details and findings, see PLD- Supporting Documentation			
SOP Checklist - Of the 52 enforcement actions, only 6 were identified as drafts. Draft enforcement actions came online in PSAS on 01/14/10.			
Overall Rating:	YELLOW		81%
Persons interviewed:	N/A Data abstracted from PSAS by the PSAS Administrator		
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies, Inc.).	Date:	5/27/2010

Findings

SOP Checklist # 1 Step 2: "PLD staff develops draft enforcement action within five business days?"

- Of the six instances reviewed, three instances were found in which the PLD failed to develop draft enforcement action within the allotted timeframe.
 - Of the 52 enforcement actions, only six were identified as drafts. This process did not go online in PAS until 1/14/10.

SOP Checklist # 2 Step 9: "PLD staff track the distribution of enforcement actions to identified media and industry outlets?"

- Of the 10 instances reviewed, all were found in which the PLD staff was in compliance with tracking the distribution of enforcement actions to identified media and industry outlets.

Recommendations

- As stated above, of the 52 enforcement actions, only six were identified as drafts. There should be some correlation between draft and final documents uploaded in the system. Issues have been identified with naming conventions of documents, therefore, not sure if draft documents are being named properly in the system or if the document type is being selected correctly. Even though this process has been online for a short period of time, measures should be taken to ensure documents are identified correctly in the system.

PLD-7: Regulations

PLD obtained a yellow in this area, minor improvements in PAS compliance and SOP Performance Objectives.

RATING	REVIEW AREA	SCORE
YELLOW	PLD-7: Regulations	79%

P&SP Management Accountability Review Form			
Section 1 - Guidance			
SOP	PLD-7 Regulations		
SBP	N/A		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
Frequency	Annually unless otherwise specified		
Sampling Plan	Random sample		
Validation	Track regulations in PSAS		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
SOP Checklist	37	27	73%
SBP Activity Performance Standard			
Develop communications plan to announce and provide outreach on new final rules to coincide with the publishing of the final rule	1	1	100%
PSAS / CCWG Compliance (Checklist)			
PSAS / CCWG Checklist	11	7	64%
Overall PLD-7 Compliance			79%
Section 4 - Summary			
Findings / Recommendations:			
SOP Checklist - Tasks are assigned verbally - no tracking mechanism in place to track internal suspense date. Of the 23 identified in the CCWG module, 15 tasks are currently being worked, 13 does not identify who was assigned to work the tasks. Suggest establish a mechanism to track assignments and clearly identify employee assigned to complete the tasks for traceability and accountability.			
Overall Rating:	YELLOW		79%
Persons interviewed:	Amy Blechinger - PLD Program Analyst		
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies, Inc.)		Date: 5/27/2010

Findings

SBP Activity Performance (1): "Develop communications plan to announce and provide outreach on new final rules to coincide with the publishing of the final rule"

- One instance reviewed, the PLD was found in compliance with developing a communications plan to provide outreach on new final rules in correspondence with the publishing of the final rule.

SOP Checklist #1 Step 2: "PLD Director assigns folder to PLD staff to work"

- Of the 23 instances reviewed, 10 instances were found in which the PLD Director did not assign folder to PLD staff to work.

SOP Checklist #2 Step 2: "PLD staff sends final rule to MBS for clearance and FR publication?"

- Of the four instances reviewed, all were found in which PLD staff sent the final rule to MBS for clearance and FR publication.

PAS/ CCWG Checklist #1 Step 3: "Folder updated as needed in notes tab"

- Of the ten instances reviewed, four were found in which PLD failed to update the notes tab in the folder.

PAS/ CCWG Checklist #1 Step 3: "PLD staff sends proposed rule to MBS for clearance and FR publication (documented in CCWG ECM Module or through email)?"

- One instance was reviewed and the PLD was found in compliance with sending the proposed rule to MBS for clearance and FR publication.

Recommendations

- Tasks are assigned verbally; there is no tracking mechanism in place to track internal suspense date. Of the 23 identified in the CCWG module, 15 tasks are currently being worked, 13 does not identify who was assigned to work the tasks. Suggest establish a mechanism to track assignments and clearly identify employee assigned to complete the tasks for traceability and accountability.
- Maintain documentation when sending proposed rule to MBS for clearance and FR publication for traceability and clear audit trail.

PLD-8: Reparations

PLD obtained a green in this area, minor improvement in PAS Compliance.

RATING	REVIEW AREA	SCORE
GREEN	PLD-8: Reparations	100%

P&SP Management Accountability Review Form

Section 1 - Guidance			
SOP	PLD-8 Reparations		
SBP	Goal 2 - Attain compliance through investigation and enforcement Objective 2 - Increase authority to take enforcement action within PSP		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Follow-up		
Frequency	Annually unless otherwise specified		
Sampling Plan	100% Reparations received		
Validation	Cases reviewed:		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
SOP Checklist	28	28	100%
SBP Activity Performance Standard			
There are no PLD Strategic Business Plan performance measures to be reviewed at this time			
PSAS / CCWG Compliance (Checklist)			
PSAS / CCWG Checklist	2	2	100%
Overall PLD-8 Compliance		100%	
Section 4 - Summary			
Findings / Recommendations:			
PSAS/ CCWG Checklist - In process of uploading to PSAS, currently doesn't have a workflow for Reparations			
Overall Rating:	GREEN		100%
Persons interviewed:	Jeana Harbison - PLD Legal Specialist Raymond Minks - Marketing Specialist		
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies, Inc.)	Date: 5/27/2010	

Findings

- No, findings. PLD is in the process of uploading Reparations data into PAS, currently does not have a workflow.

Recommendations

- Continue to work to bring Reparations online in PAS for better tracking and reporting purposes.

PLD-9: Web Content Administration

PLD obtained a green rating; minor improvements in SOP Performance Objectives.

RATING	REVIEW AREA	SCORE
GREEN	PLD-9: Web Content Administration	93%

P&SP Management Accountability Review Form			
Section 1 - Guidance			
SOP	PLD-9 Web Content Administration		
SBP	N/A		
Section 2 - Review Plan			
Purpose of Review	<input type="checkbox"/> Initial	<input type="checkbox"/> Periodic	<input checked="" type="checkbox"/> Annually
Frequency	Annually unless otherwise specified		
Sampling Plan	100%		
Validation	Review PSAS for inquiry responses		
Section 3 - Results			
	Number Reviewed	Number Compliant	%
SOP Performance Objectives and Compliance			
(1) 100% of inquiries addressed and responded to within 10 business days of receipt	5	4	80%
(2) SOP Checklist	14	14	100%
SBP Activity Performance Standard			
N/A			
PSAS / CCWG Compliance (Checklist)			
PSAS/ CCWG Checklist	1	1	100%
Overall PLD-9 Compliance			93%
Section 4 - Summary			
Findings / Recommendations:			
No findings.			
Overall Rating:	GREEN		93%
Persons interviewed: Amy Blechinger - PLD Program Analyst			
Reviewers:	Regina Ware (Headquarters PSAS Administrator for Data Validation) Virginia Cole - (Paradigm Technologies, Inc.) Alan Booco - (Paradigm Technologies, Inc.)	Date:	5/27/2010

Findings

SOP Performance Objective (1): “100% of inquiries addressed and responded to within 10 business days of receipt”

- Of the five instances reviewed, one instance was found in which the PLD failed to respond to an inquiry within the allotted timeframe.

SOP Checklist #1 Step 4: “Change Request submitted to webmaster?”

- Of the 14 instances reviewed, all instances were found in which the PLD is in compliance with submitting change request to the webmaster.

PAS/ CCWG Checklist #1 Step 2.b: “PLD submitted Change Request to CCWG?”

- One instance was reviewed, the PLD was found in compliance with submitting change request to the CCWG.

Recommendations

- No recommendations.

Attachment 1: Review Form

Section 1. Guidance	Strategic Business Plan (SBP) Objective Guidance and Direction (2009 - 2010) dated November 18, 2009	Enter the SBP number and description.
	Standard Operating Procedure (SOP)	Enter the SOP number, title and process step number, if appropriate.
Section 2. Review Plan	Purpose of Review	Initial, Periodic (Annual, Quarterly, Monthly) or Follow-up
	Frequency	Recommend starting with long frequency (annual) then reduce if review results warrant.
	Sampling Plan	Either 100% inspection or draw random sample of total instances. Describe sampling method (example: selected every third case opened during the performance period)
	Validation	Describe the method or procedure used to validate answers provided during the review (examples: records review, PSAS, other data collection system).
Section 3. Review Process	SOP Performance Objectives	Document the number of instances reviewed and number and percent compliant.
	SOP Checklist	Apply checklist to each instance reviewed. Calculate % compliant (total "Y"s divided by total number reviewed)
	SBP Activity Performance Standard	Document the number of instances reviewed and number and percent compliant.
	PSAS / Change Control Working Group (CCWG) Checklist	Use the same method as SOP checklist.
Section 4. Summary	Findings	Summarize results of checklist and Performance Standard comments should include: description of any non-compliant findings; explanation of risk, if corrective action is not taken; and a firm, realistic date for completing corrective actions and re-evaluation, if necessary. Justify rating by relating discrepancies to SBP objective and performance standards, and any relevant verbiage from SOP. Discuss findings with PLD for feedback.
	Recommendations	Every finding should include a recommendation for corrective action.
	Rating	Discovery of any Material Weakness can be grounds for Failure. For purposes of this review, a material weakness is defined as "A serious reportable condition in which the design or operation of one or more of the internal control structure elements (including management controls) does not reduce to a relatively low level the risk that errors or irregularities, in amounts that would be material in relation to the financial statements or schedules, would not be prevented or detected."

Attachment 2: Checklists

P&SP Management Accountability Review Form Supplemental Checklist					
Standard Operating Procedures (SOP)					
		Y	N	N/A	Comments
PLD/OGC-1 Step 4.a	For enforcement, does the folder contain the sanction summary?	11			Validated in ECM
PLD/OGC-1 Step 4d and 9.d	If the decision is to not continue enforcement, PLD closes the enforcement folder and indicates reason in notes tab in ECM.	12			Randomly selected 15 but 3 were outside timeframe, validate notes in ECM
PLD/OGC-1 Step 6.a	If the respondent accepts stipulation, did PLD record acceptance date, penalty, and sanction?	8	2		Validated in ECM; #33623 does not list penalty; #43411 does not list penalty and sanction
PLD/OGC-1 Step 7	Was public press release of court settlement issued?	8	1	1	#26554 does not include notes nor does the workflow identify a press release task #26547 - PLD created folder when the PLD workflow went live. This case was originally received by PLD in 4/30/08 and completed in PSAS 3/10/10. There was no press release task at the time the folder was being worked, the press release task was added in Jan. 2010. 1 No press release document in the folder or GIPSA
PLD/OGC-1 Step 15	All relevant documents (i.e. docket complaint consent decision, order, etc) scanned and uploaded to folder.	18			Onlychecked for docket complaint, consent decision, and order
		57	3	1	
PLD-2 Step 2.a.1	Is PSAS updated after Posting Number is assigned?	20			FR posting Vol.75, No.16, January 26, 2010; there's no workflow for posting and de-posting in ECM, however, the posted stockyard type, date, and number to a facility are entries that have to be completed. Postings/ de postings are tracked in a spreadsheet outside PSAS.
PLD-2 Step 4	Was CD or hard copy provided to MBS for clearance, signature, and FR submission?				Could not be determined. Area difficult to review, suggest establish a tracking mechanism when items were provided to MBS for clear audit trails 0
PLD-2 Step 5.b	Were the posting sign and instructions mailed using traceable delivery?	8			Checked hardcopy files/green cards; Per PLD, process changed to provide posting sign to corresponding RO; if so, SOP needs to be updated to reflect change; change could not be verified
PLD-2 Step 12	Is PSAS updated after deposing notice is published in the Federal Register?	34			Verified de postings in FR
PLD-2 Step 13	Was letter and a copy of Federal Register Notice mailed to owner?		8		A copy of the FR notice does not go the owner, however it does go into their file and only a letter goes to the owner
		62	8	0	
PLD-3 Step 4	Was the required OMB package prepared and provided to MBS for clearance?	1			Validated documentation (emails) provided to MBS for clearance; suggest establish a tracking mechanism when items were provided to MBS for clear traceability.
PLD-3 Step 8	Were the revised form(s) posted on the I: drive?	1			Swine contract library forms
		2	0	0	
BEAD/PLD-4 Step 1	Did the secretary input correspondence in tracking spreadsheet?	17			Used tracking spreadsheet from front office
BEAD/PLD-4 Step 2	Did the Director assign inquiry to staff with an internal suspense date?	17			Assigned verbally - no tracking mechanism in place to track internal suspense date - rely on posting of assignments on I:drive
BEAD/PLD-4 Step 2	Was the assignment tracked?	17			No tracking mechanism in place to track assignments - rely on posting of assignments on I:drive
BEAD/PLD-4 Step 3	Was the draft correspondence saved to the I: drive using the folder number assigned by ODA as the file name?	15	2		
BEAD/PLD-4 Step 7	Were the final hard copies filed and recorded in reader file on I: drive?	15	2		
		81	4	0	

PLD-5 Step 10	Provided industry policy to MBS for clearance, signature, and submission (CD/ paper copy)			0	Only one program policy completed during this timeframe (#5906499 is an internal policy where MBS clearance was not required)
PLD-5 Step 13	Was Public Notice posted in the Federal Register?			0	No external policy during this timeframe
		0	0	0	
PLD-6 Step 2	PLD staff develops draft enforcement action within five business days	4	3		Of the 52 enforcement actions, only 7 were drafts. Drafts came online 01/14/10 in PSAS.
PLD-6 Step 9	PLD staff track the distribution of enforcement actions to identified media and industry outlets?	10			Checked hardcopy files
		14	3	0	
PLD-7 Step 2	PLD Director assign folder to PLD staff to work	23	10		Assigned verbally - CCWG module, of the 23, 13 does not identify who was assigned to work the tasks, however 15 tasks are currently being worked
PLD-7 Step 13	PLD staff sends final rule to MBS for clearance and FR publication?	4			Final rule posted in FR
		27	10	0	
PLD-8 Step 3	PLD Director signature obtained on letter?	4			
PLD-8 Step 4.a	If rebuttal is received, did PLD staff send copy to the other party involved?	2			
PLD-8 Step 4.b	If rebuttal is not received, did PLD staff file the Reparation with the Hearing Clerk and receive a docket number?	3			
PLD-8 Step 5.a	If parties accept written hearing, did PLD send letter to all parties involved ?	1			
PLD-8 Step 8	Did PLD send letter to parties for notification that additional time for submitting evidence has ended and the time period allowed to file a brief?	6			
PLD-8 Step 9	For every order/decision, was a Legal Specialist referred for a draft?	3			
PLD-8 Step 9	For every order/decision from the Legal Specialist, did PLD staff provide a copy to OGC for review?	3			
PLD-8 Step 11	Was every order/decision filed with Hearing Clerk for JO approval and signature?	3			
PLD-8 Step 12.b	For every order/decision not approved, did the PLD staff forward JO comments and/or corrections to the Legal Specialist?	3			
		28	0	0	
PLD-9 Step 4	Change Request submitted to webmaster?	14			
		14	0	0	

Packers and Stockyard Automated System (PSAS) / Change Control Working Group (CCWG)		Y	N	N/A	Comments
PLD/OGC-1 Step 6	Does ECM include stipulation acceptance date?	25			Validated in ECM Report (PLD-1 Supporting Documentation)
PLD/OGC-1 Step 6.a. / 22 & 23 b	If stipulation or enforcement, was sanction tab completed?	6	3	1	#26679 On-hold awaiting response
PLD/OGC-1 Step 8	Was type of case identified in OGC tab?	6	4		
					#31186 received ECM workflow on 12/7/09, folder closed 2/25/10, only documented note is in reference to a check received on 11/16/09 #34700 received ECM workflow on 12/1/09, folder closed 3/4/10; only documented notes are in reference to press release on 3/4/10
PLD/OGC-1	Notes tab completed and up to-date	6	4		No notes for #26554 and #33240
PLD/OGC-1	All tabs completed, all documents scanned (i.e. Case file, Transmittal, Compliant)	15			
PLD/OGC-1	Is the file naming convention correct?		10		
		58	21	1	
PLD-2	N/A				
		0	0	0	
PLD-3	N/A				
		0	0	0	
BEAD PLD-4	N/A				
		0	0	0	
PLD-5 Step 3	Was folder updated with the most current information available about each request?	4	1		One of the five folders checked does not include notes clear to completion
		4	1	0	
PLD-6	N/A				
		0	0	0	
PLD-7 Step 3	Folder updated as needed in notes tab	6	4		checked CCWG module
PLD-7 Step 7	PLD staff sends proposed rule to MBS for clearance and FR publication (documented in CCWG ECM Module or through email)?	1			see notes (Check BEAD I:drive for proposed Rule)
		7	4	0	
PLD-8	Initial service letters added to the documents tab	1			In process of uploading to PSAS, currently doesn't have a flow for Repairs; one was updated during this review
PLD-8	Notes tab updated			1	In process of uploading to PSAS, currently doesn't have a flow for Repairs
		1	0	1	
PLD-9 Step 2.b	PLD submitted Change Request to CCWG?	1			
		1	0	0	

Attachment 3: Supporting Documents

PLD/OGC-1 Supporting Documentation



Adobe Acrobat
Document

BEAD/PLD-4



Adobe Acrobat
Document

PLD-6 Step 2 Support Documentation



Adobe Acrobat
Document

PLD-9 Supporting Documentation



Adobe Acrobat
Document