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Description of document: Equal Employment Opportunity Commission (EEOC) Risk Management Policy Handbook and Enterprise Risk Register (records undated)

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Source of document: FOIA Request  
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08/04/2021

Re: FOIA No.: 820-2021-006774  
EEOC Risk Management Reviews, Register, Map

Your Freedom of Information Act (FOIA) request, received on 07/19/2021, is processed. Our search began on 07/19/2021. All agency records in creation as of 07/19/2021 are within the scope of EEOC's search for responsive records. The paragraph(s) checked below apply.

[ X ] Your request is procedurally denied as [ ] it does not reasonably describe the records you wish disclosed, or [ X ] **no records fitting the description of the records you seek disclosed exist or could be located after a thorough search**, or [ ] the responsive records are already publicly available. See the Comments page for further explanation.

[ X ] Your request is granted in part and denied in part.

[ X ] You may contact the EEOC FOIA Public Liaison Stephanie D. Garner for further assistance or to discuss any aspect of your request. In addition, you may contact the Office of Government Information Services (OGIS) to inquire about the FOIA mediation services they offer.

The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, email at [ogis@nara.gov](mailto:ogis@nara.gov); telephone at (202) 741-5770; toll free 1-877-684-6448; or facsimile at (202) 741-5769.

The contact information for the FOIA Public Liaison is as follows: Stephanie D. Garner, EEOC FOIA Public Liaison, Office of Legal Counsel, FOIA Division, Equal Employment Opportunity Commission, 131 M. Street, N.E., Fifth Floor, Washington, D.C. 20507, email to [FOIA@eeoc.gov](mailto:FOIA@eeoc.gov), telephone at (202) 921-2542; or fax at (202) 653-6034.

[ X ] If you are not satisfied with the response to this request, you may administratively appeal in writing. Your appeal must be postmarked or electronically transmitted in 90 days from receipt of this letter to the Office of Legal Counsel, FOIA Division, Equal Employment Opportunity Commission, 131 M Street, NE, 5NW02E, Washington, D.C. 20507, email to [FOIA@eeoc.gov](mailto:FOIA@eeoc.gov); online at

<https://eeoc.arkcase.com/foia/portal/login>, or fax at (202) 653-6034. Your appeal will be governed by 29 C.F.R. § 1610.11.

[ X ] See the attached Comments page for further information.

Sincerely,

***Draga G. Anthony for***

Stephanie D. Garner  
Assistant Legal Counsel  
foia@eeoc.gov

This is in response to your Freedom of Information Act (FOIA), request. You request a copy of the two most recent Risk Management Reviews at EEOC. A copy of the most recent Enterprise Risk Map. A copy of the most recent simplified Enterprise Risk Register. A copy of the most recent expanded/enhanced Enterprise Risk Register. A copy of the most recent set of Risk Profile Reports at EEOC for calendar years 2020 and 2021.

Your request is granted in part and denied in part. There are no records for Risk Map 2020 and no records for 2021. Attached for your review is the EEOC Risk Profile Report/Summary (5 pages) and EEOC Risk Register (excel format) for 2020.

This response was prepared by Tracy L. Smalls, Government Information Specialist, who may be reached at 202-921-2541.

# **ENTERPRISE RISK MANAGEMENT**

## **RISK PROFILE**

### **BACKGROUND**

The EEOC Enterprise Risk Management Policy Handbook established formal Enterprise Risk Management (ERM) within EEOC in accordance with Section II of OMB Circular A-123. ERM as a discipline deals with identifying, assessing, and managing risks. Through effective risk management, agencies can concentrate efforts on key points of failure and reduce or eliminate the potential for disruptive events. OMB Circular No. A-123 defines management's responsibilities for ERM and includes requirements for identifying and managing risks.

The EEOC recognized that many risks within the organization are interrelated and cannot be effectively and efficiently managed independently within a given Headquarters or Field Office. The interconnected risks facing EEOC must be managed across the organization and, in many instances, in coordination with the agency and its stakeholders. Therefore, the EEOC Enterprise Risk Steering Committee (ERSC) was established to oversee the development and implementation of processes used to analyze, prioritize, and address risks across the EEOC. The ERSC is composed of the following representatives:

- Chief Risk Officer (CRO) and Committee Chair
- Director, Office of Field Programs
- Director, Office of Federal Operations
- District Director Representative
- Regional Attorney Representative
- Field/Area/Local Office Director Representative
- Chief Information Officer (CIO)
- Chief Information Security Officer (CISO)
- Chief Data Officer/Director, Office of Enterprise Data and Analytics (OEDA)
- Deputy General Counsel
- Associate Legal Counsel
- Chief Financial Officer (CFO)
- Chief Human Capital Officer (CHCO)
- Associate Director, Office of Communications and Legislative Affairs (OCLA)

The ERSC met on November 30, 2020, to review and update the agency's risk profile.

### **METHODOLOGY**

On September 2, 2020, Directors were asked to conduct a risk assessment and update their risk profile by September 30, 2020. Office designees entered office risk profiles into the newly implemented Enterprise Risk Management Database. During the November 30, 2020, meeting, offices briefed ERSC members on their risk profiles. ERSC members asked questions and addressed specific items related to office risk profiles. ERSC members completed a risk scoring sheet within the database for each risk. To identify the

priority risks, OEDA employed a methodology that considered the likelihood and impacts of each identified risk. Likelihood considers a history of occurrences, change in policy, or lack of effective internal controls. Impact of risk considers the level of damage such as a violation of law or negative budget effect.

The ERSC assessed all risks using the database score sheet with likelihood and impact criteria. Likelihood criteria were multipliers whereas each impact criterion carried a weight. Thus, the more likelihood criterion selected on the score sheet the multiple chances of the risk occurring. Each impact criterion was assigned a weighted value based on its weight of damage. For example, a violation of law or the safety of people was determined to likely have greater damage to the agency than a change in policy. The weighted impact criterion was multiplied by the number of likelihood criteria checked to determine the final score of each risk.

The predetermined priority risk criteria were developed using the EEOC's lowest risk appetite which relates to safety and compliance objectives, including health and safety; protection of sensitive personally identifiable information (SPII); compliance with EEO legal requirements; and input from Office Directors. The weighted predetermined risk criteria were also based on the probability of the risks occurring and the impact of the risk if it occurred. The ERSC members completed the ERM database risk scoring sheet to generate risk scores. The risk scores were used to rank the risk's priority relative to the other identified risks. The risks with the highest risk score are ranked first in priority, the risk with the next highest risk score is ranked second and so forth.

## **RESULTS**

The results of the risk scoring sheets are reflected in Table 1. The mean scores were calculated by adding the risk scores together and dividing the sum by the total number of submitted scores. The total scores were calculated by adding the risk scores together. Based on the results of the ERM risk scoring model, the top risks ranked as follows with a parenthetical reference to the scoring sheets:

1. Security of Confidential Information and Sensitive PII contained in private sector charges (OFP03): IF employees take charge files out of the office (e.g. for telework, onsite visit), and if SPII materials are not properly documented in the file, THEN the risk that confidential information may be disclosed increases. Additionally, their subsequent release as part of a position statement sharing, Section 83 or FOIA may occur.
2. SPII Datasets (OIT01): IF SPII datasets are not properly secured, THEN there is increased risk of data breach.
3. Failure to obtain approval of contract for expert services in time to meet court ordered deadline (OGC02): IF OGC staff does not allow sufficient time for SOWs to be reviewed and procurement documents to be drafted for contracts in excess of \$25,000, THEN Procurement may not have sufficient time for processing, including Commission circulation and vote where appropriate, and we could be precluded from submitting an expert report necessary to effectively litigate a case.
4. Effective Staffing (OEO05): IF the Agency fails to provide sufficient staffing to OEO, THEN OEO will fail to comply with Agency guidance and regulations for EEO offices.
5. Allocation of training funds does not strategically support front-line staffing (OFP04): IF the allocation of training funds does not prioritize and recognize the training of large populations of

the agency's front-line staff (e.g., investigators, mediators, administrative judges, trial attorneys), THEN training funds will not be focused on critical program functions that contribute to the agency successfully achieving priorities that include inventory management, strong enforcement of the laws, and quality customer service to the public.

<b>TABLE 1: RANKING OF RISKS</b>	
<b>RANK</b>	<b>AGENCY IDENTIFIED RISK</b>
1	Security of Confidential Information and Sensitive PII contained in private sector charges: IF employees take charge files out of the office (for telework, onsite, etc), and IF SPII materials are not properly documented in the file, THEN the risk that confidential information may be disclosed increases. Additionally, their subsequent release as part of a position statement sharing, Section 83 or FOIA may occur.
2	SPII Datasets: IF SPII datasets are not properly secured, THEN there is increased risk of data breach.
3	Failure to obtain approval of contract for expert services in time to meet court ordered deadline: IF OGC staff does not allow sufficient time for SOWs to be reviewed and procurement documents to be drafted for contracts in excess of \$25,000, THEN Procurement may not have sufficient time for processing, including Commission circulation and vote where appropriate, and we could be precluded from submitting an expert report necessary to effectively litigate a case.
4	Effective Staffing: IF the Agency fails to provide sufficient staffing to OEO, THEN OEO will fail to comply with Agency guidance and regulations for EEO offices.
5	Allocation of training funds does not strategically support front-line staffing: IF the allocation of training funds does not prioritize and recognize the training of large populations of the agency's front-line staff (e.g., investigators, mediators, administrative judges, trial attorneys), THEN training funds will not be focused on critical program functions that contribute to the agency successfully achieving priorities that include inventory management, strong enforcement of the laws, and quality customer service to the public.
6	Reporting awards in the Federal Procurement Data System-Next Generation (FPDS-NG) in accordance with the FAR: IF awards are not accurately reported to FPDS-NG, THEN the public will receive an inaccurate report of how their tax dollars are spent.
7	Agencies may send personal identifying and other confidential information to OFO: IF Federal agencies, such as OPM and national security agencies, may send OFO case files or data sets that include personal identifying information or other confidential information. If OFO does not take appropriate steps to protect this information,

	THEN violations of the Privacy Act may occur.
8	Understaffed Compliance Program: IF OFO does not increase the number of Compliance Officers, THEN they will not be able to quickly process the large existing inventory of compliance cases and will delay giving equitable relief to stakeholders.
9	Failure to adequately track Defendants' compliance with injunctive relief contained in Consent Decrees: IF OGC does not have a mechanism in place to ensure compliance, THEN there is a risk that Defendants will not honor their obligations under the decrees and future violations could occur.
10	Lack of investment in Business Intelligence Analytics: IF OFO does not invest in Business Intelligence Analytics, THEN it will not be able to effectively oversee federal agencies, empirically analyze EEO issues, and spot statistically significant trends government-wide and at individual agencies.
11	Restrictive language on EEOC appropriation: IF Congress approves restrictive language, THEN that restricts the agency from carrying out part of our enforcement responsibilities.
12	Electronics Record Management: IF EEOC's records management program and policies remain primarily paper-based, THEN the Agency will not be in compliance with federal electronic records management mandates and related efficiencies will not be realized.
13	Physical Security of Field Offices to Reduce Risk: IF building and office safety protocols and equipment are not established and maintained, THEN visitors who pose a security risk may not be stopped and staff members may be put in danger.
14	Block Unauthorized Devices: IF EEOC does not block unauthorized devices, THEN there is increased risk of cybersecurity events.
15	Negative publicity due to agency action: IF EEOC acts in a way that contravenes what we ask others to do, THEN Agency may receive negative publicity.
16	Risk Management Process Tool (RMPT): Conduct Interagency Security Committee (ISC) Risk Management Process Tool assessment for all office locations/facilities: IF ISC Risk Management Process Tool assessment is not conducted to identify the baseline Level of Protection and security countermeasures, THEN a safe and secure work environment may not be maintained.
17	Statistical sufficiency of EEOC data products and reports released to the public: IF EEOC data products and reports are not reviewed for statistical sufficiency and efficiency as well as information quality prior to public release, THEN EEOC could be out of compliance with requirements under the Information Quality Act (IQA), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), the Foundations for Evidence-Based Policymaking Act (Evidence Act) and related Office of Management and Budget (OMB) memoranda and guidance.

18	Unsupported Software: IF software applications exceed end-of-life maintenance support, THEN there is increased security and business risk.
19	Delegated Examining (Hiring): IF OCHCO does not comply with OPM delegated authority regulation and Merit System Principles, THEN Agency may lose hiring authority.
20	OCHCO will continuously implement quality practices in human resources operations and policies: IF OCHCO operates with manual processes and outdated policies, THEN EEOC may not meet strategic objectives.
21	Leadership Succession Gap: IF there is an extended permanent Chair vacancy, THEN it could delay the issuance of EEOC policy guidance.
22	Budget execution compliance with established OMB Reporting requirements: IF written Program Guidance for Budget Execution (OMB Circular A-11) and input to EEOC Financial Statements (OMB Circular A-136 Financial Reports Requirement) are not followed, THEN deadlines will be missed, and audit findings are possible.
23	Personnel Processing: IF OCHCO continues operating with significantly diminished HR Assistants, THEN there are risks in meeting EEOC's strategic objectives.
24	Lack of any web-based data collection and analytic capabilities: IF the EEOC continues its dependence on MS Excel/Word based data collection (not being able to increase the availability, and accessibility, Agency-wide, of dash boarding capabilities that include program, human resource, performance, and financial information in day-to-day decision making, and the budget and performance formulation process in particular), THEN the Agency risks ongoing errors, duplication of effort, lack of transparency and collaboration within the Agency that will enhance data integrity and will continue to lack a central repository for program, financial, budget and core mission support information.
25	(LIST) Virtual Library is not a part of InSite: IF the Virtual Library is not part of InSite, THEN we may not be subject to the same back-up schedule.



Risk ID	Risk profile rank	Offices	Risk Identification Date	Risk Category	Other Risk Category	Risk Name	Risk Description if	Risk Description Then	Causal Factors	Impacts/Consequence	Risk Trigger	Probability	Impact	Risk Score	Response Action Type	Response Actions	Risk occurred	Risk Closure Date	Implementation of Response Actions	Lesson Learned	Major Risk Closure Status	Notes	Progress	Item Type	Path
OCF003		OCFO	11/2/2019	Compliance		Training of acquisition workforce personnel in accordance with the requirements of the Federal Acquisition Certification in Contracting (FAC-C), for Program and Project Managers (PPM) and Contracting Officer's Representative Programs.	acquisition workforce personnel lack the core competencies and knowledge required for the development, administration and monitoring of acquisitions	cost saving opportunities and potential waste may be missed.	Scarce backup resources (inclusion of available staff and funding) and planning for scheduled training, delayed receipt of appropriation.	Schedule and cost delays and increased performance risk due to less comprehensive knowledge of applicable regulations and alternative agile approaches.	Missed deadline	Medium	High	High	Mitigate	Recommend and sponsor in-house training, require active certification status prior to award execution.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF005		3 OCFO	11/2/2019	Reporting		Reporting awards in the Federal Procurement Data System-Next Generation (FPDS-NG) in accordance with the FAR.	Awards are not accurately reported to FPDS-NG	the public will receive an inaccurate report of how their tax dollars are spent.	Ability of contract writing system to interface with FPDS-NG for select system users.	Inaccurate data pulled by external government organizations for analyses related to monitoring government control over inherently governmental functions and cost-savings initiatives, such as category management.	System error or missing contract action report (CAR) during modification processing	Medium	Low	Medium	Avoid	Compliance review identifies omission of CAR and requires completion of CARs to FPDS-NG prior to award.	TRUE		TRUE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF004		OCFO	11/2/2019	Compliance		Inadequate or improper Documentation retention, such as lack of duplicate Receipts, invoices, or missing signatures, dates, etc. by Purchase Card holders.	cardholders do not maintain adequate documentation in accordance with the Purchase Card Handbook	validation of purchases, receipt of goods/service, and invoice approvals become futile.	Lack of compliance with existing procedures.	The habitual or intentional practice of split payments could jeopardize the Agency's ability to operate a Purchase Card Program.	Audit	Low	Medium	Medium	Avoid	Cardholders must follow the procedures laid out in the Purchase Card Handbook	FALSE		FALSE		FALSE	Possibly, a standardized filing format could be implemented with a documentation checklist, to help ensure adequate document maintenance.		Item	stoc/apps/erm/Lists/Risk Register
OCF005		OCFO	11/2/2019	Compliance		Split Payments/Ordering	cardholders split purchases in order to keep each order below the dollar threshold	they will be in violation of FAR Regulations	Lack of compliance with existing procedures.	The habitual or intentional practice of split payments could jeopardize the Agency's ability to operate a Purchase Card Program.	Audit	Very Low	High	Low	Avoid	Cardholders must follow the procedures laid out in the Purchase Card Handbook	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF006		OCFO	11/2/2019	Compliance		Unauthorized Obligations by Purchase Card holders.	cardholders do not receive and document authorizations properly	unauthorized obligations occur.	Lack of compliance with existing procedures.	Cardholders and associated Approving Officials may be held personally responsible for such obligations - and/or the Agency must ratify the obligation (which may incur additional costs to the Government).	Audit	Low	Medium	Medium	Avoid	Cardholders must follow the procedures laid out in the Purchase Card Handbook	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF007		OCFO	7/10/2018	Compliance		EEOC's compliance with the Annual Financial Report (AFR) established by OMB Circular A-136 Financial Reporting Requirements.	Timely submission from program offices is not received for AFR compliance (OMB Circular A-136)	deadlines for the November 16 date will be missed and will result in a possible audit finding and negative feedback from OMB.	Non-compliance and co-ordination with EEOC offices input to comply with existing procedures for the issuance of the AFR by OMB due date.	Potential modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, Treasury, HHS)	Missed Deadlines established by OCLA and OCFO.	Very Low	High	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF008		OCFO	7/10/2018	Financial		Prior Year Audit Recommendation corrective action plan for the external financial audit/review findings.	no corrective action plan was issued for audit recommendations	the audit recommendations will be repeated in the current year audit findings and Management Letter issued by the IG and there will be negative consequences to ODO.	Non-compliance to prepare an action plan with established procedures for resolution of the financial audit recommendation.	Potential modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, Treasury, HHS)	Missed Deadline	Very Low	Low	Very Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF009		OCFO	7/10/2018	Financial		Program Oversight Control over Improper Vendor Payments.	non-compliance for vendor payment using the three-fold matching process for disbursements	the result will be erroneous improper payments to vendors.	Non-adherence to the established control procedures over disbursements (three-fold matching - valid obligations, invoice, receipt of goods)	Potential impact to the audit opinion and overstatement of total obligations and loss of confidence with stakeholders - internal and external (OMB, HHS)	Erroneous or unauthorized payments made to vendors.	Very Low	Low	Very Low	Avoid	Ensure staff is trained and that requirements are understood. Perform random sampling and issue Policy Guidance to Offices at least annually.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF010		OCFO	4/10/2018	Financial		Program Oversight Control over payroll interface processing in the financial system and payroll reconciliation.	non-compliance with established EEOC requirements for payroll interface and reconciliation	there will be erroneous payroll expenditures and inaccurate reports from the financial system.	Non-compliance with existing interface procedures with IBC and FSSD employees.	FSSD non-compliance with policy for payroll interface and reconciliation, resulting in inaccurate data entries and budget implications.	Missed Deadlines, Payroll Data Errors and budget implications.	Low	Medium	Medium	Avoid	Ensure staff is trained and that deadlines are met. Bi-weekly staff meetings to maintain visibility. Quarterly review by FSSD employees.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF011		OCFO	7/4/2018	Financial		Program Oversight Control over employee travel reimbursement for travel expenditures using their Citibank travel card	non-compliance with established random sampling of travel reimbursements to employees	erroneous reimbursements will be made to travelers which may have budgetary implications.	Offices will not be notified of improper payments made to travelers for reimbursement, thus resulting in erroneous payments to employees and budgetary consequences for that Office.	Potential modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, Treasury, HHS)	Missed Deadlines for random sampling of travel vouchers.	Low	High	Medium	Avoid	Ensure staff is trained and that deadlines are understood. Bi-weekly staff meetings to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF012		OCFO	7/10/2018	Financial		Program oversight over the Receiving Fund (RF) collections for administering training to government agencies and the public.	management for the RF fails to collect the funds due for administering training	the RF will not be able to cover program expenses and reimburse the EEOC for reasonable expenditures and also there may be an ADA violation.	Lack of funding to meet obligations and non-compliance with existing guidance, regulation and procedures.	Potential modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS, OAG)	Missed Deadline, Data or Fund Control Errors, Contract violation/non-performance.	Low	High	Medium	Avoid	Ensure staff is trained and that deadlines are met. Continuous review of collections and communication with the contractor and IBC.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF013		OCFO	7/10/2018	Financial		Program oversight over cash reconciliation of appropriated, Receiving Fund, and general funds.	cash reconciliation is not performed on a monthly basis	there will be cash differences between the financial system and Treasury GWA statement.	Lack of compliance with existing procedures for cash reconciliation.	FSSD non-compliance with policy for cash reconciliation, resulting in cash differences between financial system and Treasury GWA account.	Missed Deadline	Very Low	Very Low	Very Low	Avoid	Ensure staff is trained and that deadlines are met. Bi-weekly staff meetings to maintain visibility. Monthly review of projects by FSSD employees.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF014		OCFO	7/10/2018	Financial		Program oversight over appropriated cash collections	collections for employees debts are not enforced	the debt will accumulate and result in increases to accounts receivable and possible uncollectible when employees separate from the agency.	Non-compliance with existing procedures for debt collection.	The non-compliance with policy for cash collections for employee debts will result in the increase of accounts receivable and/or possible bad debts (uncollectible).	Missed Deadline	Very Low	Very Low	Very Low	Avoid	Ensure staff is trained and that deadlines are met. Bi-weekly staff meetings to maintain visibility. Monthly review of projects by FSSD employees.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF015		OCFO	7/10/2018	Financial		Program oversight over DATA Act reporting	written reporting program guidance for the DATA Act is not met	deadlines will be missed for reporting the data, immediate negative consequences from the Chair, CFO, IG, OMB and Treasury as well as an audit finding.	Non-compliance with existing DATA ACT reporting requirements.	Potential modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, Treasury, HHS)	Missed Deadline	Very Low	High	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF016		OCFO	7/10/2018	Financial		Program oversight over audit recommendations.	an audit action plan is issued	compliance with the Management Letter from IG is not followed, deadlines will be missed and repeated audit findings.	Non-compliance with existing guidance, regulation and procedures.	Potential negative impact from stakeholders (internal and external), repeated audit findings and performance evaluation consequences.	Missed Deadline	Very Low	Low	Very Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF017		OCFO	7/10/2018	Financial		Program oversight over IBC internal control for processing EEOC financial transactions.	IBC Business Operations does not maintain strong internal controls over EEOC's financial system	reporting accuracy and procedures for financial transactions will result in deficiencies that would deter transparency and accountability for spending for all programs and offices within OPI and audit findings, as well as, increased risk of data error, reporting error and increased risk of an ADA violation.	Non-compliance with existing guidance, regulation and procedures, and IAA contractual requirements violation.	Conflict or segregation of duties, accounting errors, reporting errors, erroneous payments, non-payments to vendors and missed deadlines for external reporting.	FALSE	Very Low	High	Low	Avoid	Ensure staff is trained and that deadlines are met. Bi-weekly staff meetings to maintain visibility. Monthly review of projects by FSSD employees. Review controls and SOPs, work closely with IBC to prevent non-submission of the STAS.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF018		OCFO	7/10/2018	Financial		Program oversight over GTAS Submission to Treasury	EEOC's monthly GTAS reporting is not timely submitted to Treasury	Treasury can't meet Office of Management and Budget (OMB) requirements, timely and accurately complete the Financial Report of the US Government and also, EEOC will be negatively cited by Treasury for not meeting Treasury's requirements for the STAS.	Non-compliance with existing procedures for GTAS and SF-133.	Serious negative impact from stakeholders (internal and external), reporting consequences, and audit findings.	Missed Deadline, Reporting inaccurate financial information.	Very Low	High	Low	Avoid	Ensure staff is trained and that deadlines are met. Bi-weekly staff meetings to maintain visibility. Monthly review of projects by FSSD employees. Review controls and SOPs, work closely with IBC to prevent non-submission of the STAS.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF019		OCFO	7/10/2018	Financial		Program oversight over Treasury Report on Receivable (TROB)	the Treasury Report on Receivable is not timely submitted on a quarterly basis to Treasury	EEOC will receive negative feedback from Treasury and possible audit findings.	Non-compliance with existing guidance, regulation and procedures.	Serious negative impact on reporting and compliance established by Treasury - Debt Management Service for the TROB, other internal and external stakeholders and possible audit findings.	Missed Deadline for timely reporting of the TROB on a quarterly basis.	Very Low	Medium	Low	Avoid	Ensure staff is trained and that accurate data are collected in relation to the private debts of the agency. Continuous review of the debt collection process and procedures. Bi-weekly staff meetings to maintain visibility. Work with IBC to prevent non-submission of the TROB.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF020		OCFO	7/10/2018	Financial		Quarterly review of 1311 Undelivered Order Report	non-compliance with established EEOC requirements for quarterly review of 1311 Undelivered Orders. Review Report	there will be inaccurate reports between Trial Balance and subsidy report and possible audit finding.	Non-compliance with existing procedures for Undelivered Orders Review Process.	Serious negative impact from stakeholders (internal and external), reporting consequences, and audit findings.	Missed Deadline, Reporting inaccurate financial information.	Very Low	Medium	Low	Avoid	Ensure staff is trained and that deadlines are met. Bi-weekly staff meetings to maintain visibility. Quarterly review of projects by FSSD employees. Review controls and SOPs, work closely with AOs to maintain validity of amount and accuracy of classification on undelivered orders (review report).	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF001		OCFO	4/1/2017	Compliance		Budget Execution compliance with established OMB Reporting requirements.	written program guidance for Budget Execution (OMB Circular A-11, Part 4) and Input to EEOC Financial Statements (OMB Circular A-136 Financial Reports Requirement) are not followed	deadlines will be missed and audit findings are possible.	Non-compliance with existing guidance, regulation and procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline	Very Low	High	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF002		OCFO	4/1/2017	Compliance		Budget Execution receipt of updated Delegation of Authority notices.	written Program Guidance for Budget Execution and Compliance with EEOC Order 130-001, Consolidated Delegation of Authority, is not followed	deadlines will be missed and audit findings are possible.	Non-compliance with existing guidance, regulation and procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline	Very Low	Medium	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF003		OCFO	4/1/2017	Compliance		Budget Execution compliance with established OMB Fund Control requirements.	written program guidance for Budget Execution (OMB Circular A-11, Section 15 and Part 4) are not followed	the EEOC risks incurring an ADA violation	Non-compliance with established Appropriation, Allotment, and Funds Control procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Over obligated enacted and apportioned budget authority.	Very Low	Very High	Medium	Avoid	Ensure all EEOC staff that have been given fiduciary responsibility is trained and that requirements are understood. Ensure proper training in use of OPI to ensure requisite skill sets are in place to allow regular monitoring of financial status.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF004		OCFO	4/1/2017	Business Operations		Budget Execution risks in the publishing of modifications to established EEOC requirements for financial management.	written program guidance for Budget Execution is not updated in the EEOC Administrative Manual financial section (change to Business Processes), issued each September and are not submitted	deadlines will be missed, data integrity is compromised and audit findings are possible.	Not providing updates to existing Agency procedures.	Offices will not be notified of policy and reporting changes in a timely manner, resulting in possible ADA violations/ modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline or Data Errors.	Very Low	Medium	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF005		OCFO	4/1/2017	Compliance		Budget Execution compliance with established IBC updates to data and reporting requirements.	written program guidance updates for Budget Execution use of the Financial System Support Services Oracle Federal Financials (FFS) is not followed	the deadlines will be missed, data integrity is compromised and audit findings are possible.	Non-compliance with existing procedures.	Offices will not be notified of policy and reporting changes in a timely manner, resulting in possible ADA violations/ modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline or Data Errors.	Very Low	Medium	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF006		OCFO	4/1/2017	Compliance		Budget Execution compliance with established EEOC requirements.	Budget Execution does not comply with written Year-End Procedures (in conjunction with FSSD)	deadlines will be missed, data integrity is compromised and audit findings are possible.	Non-compliance with existing guidance, regulation and procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline or Data Errors.	Very Low	Very High	Medium	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF007		OCFO	4/1/2017	Reporting		Budget compliance with all established reporting requirements.	Budget, both formulation and execution, do not publish annual guidance from OMB, IBC and the CFO	EEOC offices will not have the tools to properly manage allocated funding.	Non-compliance with existing guidance, regulation and procedures.	Modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline or Data Errors.	Very Low	Medium	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF008		OCFO	4/1/2017	Reporting		Monthly, Quarterly, Annual and Ad hoc Reporting.	established reporting schedule to ensure visibility of financial posture and active monitoring of account reconciliations, prior year balances and overall fiduciary controls are not adhered to	deadlines will be missed, data integrity is compromised and audit findings are possible.	Non-compliance with existing guidance, regulation and procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline or Data Errors.	Very Low	Medium	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF009		OCFO	4/1/2017	Financial		Prepare and clear the Annual Financial (Operating) Plan.	Budget does not prepare, and have the Chair clear, an annual Financial (Operating) Plan.	EEOC offices will not have the tools to properly manage allocated funding by approved program/project lines thus compromising fiduciary integrity at all levels.	Non-compliance with existing guidance, regulation and procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Fund Control Errors	Very Low	Very High	Medium	Avoid	Ensure staff is trained and that requirements are understood. Ensure that all Operating Plans are approved by the Chair and that allocations are verified by the Budget Officer before and after entry, and on a monthly basis.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF030		OCFO	4/1/2017	Financial		Monitor FTE Levels for current and out year impact.	Budget does not continuously monitor current FTE impact on salary requirements, and prepare detailed estimates (include out year hiring impacts) of potential hiring, based on estimated FTE increases, taking into consideration the current, and ongoing, budget practice of depending upon "earring" separation savings to balance the entire current and out year budget plans	EEOC will not have the tools to properly manage and allocate unobligated funding by approved program/project lines thus compromising fiduciary integrity at all levels and drastically increasing the possibility of an ADA.	Not having relevant and current data to do payroll and FTE projections on a bi-weekly basis to ensure adequate funding for salaries and benefits.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Fund Control Errors	Medium	Very High	High	Avoid	Ensure staff is trained and that requirements are understood. Ensure that all Operating Plans are approved by the Chair and that allocations are verified by the Budget Officer before and after entry, and on a monthly basis.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF001		OCFO	4/1/2017	Business Operations		Prepare detailed templates and methods for collection of Agency program and staffing requirements for review and inclusion in the CB.	EEOC's to continue to function without an online data collection and analytic tool	budget must prepare detailed templates for collection of funding, FTE, and program justification for the data to be collected in a generally consistent format allowing for somewhat error free completion and, if possible, scenario based decision making.	Not having relevant and current data to prepare budget requests that adequately represent the Agency's need to include payroll and FTE projections to ensure adequate funding for mission accomplishment.	Agency requirements not adequately or completely defined for OMB/HHS staff resulting in inadequate funding for mission accomplishment; modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Data Errors	Very Low	Very High	Medium	Accept	Ensure staff is trained on template use, types of data required, and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF002		OCFO	4/1/2017	Business Operations		Ensure written instructions are issued for all budget data calls and financial (operating) plan documents (Annual and CN)	EEOC's to continue to function without an online data collection and analytic tool	budget must prepare detailed instructions for the templates used for collection of funding, FTE, and program justification for the data to be collected in a generally consistent format allowing for somewhat error free completion and, if possible, scenario based decision making.	Non-compliance with existing guidance, regulation and procedures.	Agency requirements not adequately or completely defined for OMB/HHS staff resulting in inadequate funding for mission accomplishment; modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline, Data Errors and inconsistent representation of mission needs.	Very Low	Medium	Low	Accept	Ensure staff is trained on template use, types of data required, and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		TRUE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF003		OCFO	4/1/2017	Political		Ensure all OPIs for OMB and the HHS are reviewed and cleared prior to sending outside of EEOC.	Budget and other HQ/Operational Control entities (Chair's Office, OCLA, etc.) do not ensure that all relevant stakeholders review and have input to any Questions for the Record (QFR) form OMB and the HHS	EEOC runs the risk of publishing erroneous information that could impact funding levels and the overall Agency reputation.	Lack of compliance with existing procedures.	Agency requirements not adequately or completely defined for OMB/HHS staff resulting in inadequate funding for mission accomplishment.	Incomplete data on policy and program areas released.	Low	Very High	High	Avoid	Ensure staff is trained and that requirements are understood.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF004		OCFO	4/1/2017	Financial		Appropriation Receipt from OMB	Budget does not ensure that no allocations are made to HQ or Field Offices, based on an approved Financial (Operating) Plan, until Appropriation, or notification of automatic appropriation, is received from OMB.	the Agency runs the risk of an ADA violation.	Non-compliance with existing guidance, regulation and procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Fund Control Errors	Very Low	High	Low	Mitigate	Ensure staff is trained and that requirements are understood. Ensure that all Operating Plans are approved by the Chair and that allocations are verified by the Budget Officer before and after entry, and on a monthly basis.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF005		OCFO	4/1/2017	Reporting		Inability to improve financial reporting processes	Business Operations Reporting Accuracy and procedures that would enhance transparency and accountability for spending for all programs and offices within OPI is not improved	there is an increased risk of data error, reporting error and an increased risk of an ADA violation.	Lack of funding and non-compliance with existing guidance, regulation and procedures.	Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Data or Fund Control Errors.	Medium	Medium	Medium	Accept	Continue to refine reports and link all summary data sheets to reportable documents to help eliminate errors caused by the necessity to relay data.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register
OCF006		OCFO	4/1/2017	Business Operations		Business Operations Aging Systems	EEOC continues to be unable to modernize or improve Agency financial management systems and capabilities	there is an ongoing and increased risk of data error, reporting error, and possible ADA violations.	Lack of funding and non-compliance with existing guidance, regulation and procedures.	Continued increase in costs for systems that do not provide needed capabilities. Possible ADA violation, modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Missed Deadline, Data or Fund Control Errors.	Medium	Medium	Medium	Accept	Continue to seek alternative solutions.	FALSE		FALSE		FALSE			Item	stoc/apps/erm/Lists/Risk Register

Risk ID	Risk profile rank	Offices	Risk Identification Date	Risk Category	Other Risk Category	Risk Name	Risk Description If	Risk Description Then	Causal Factors	Impacts/Consequence	Risk Trigger	Probability	Impact	Risk Score	Response Action Type	Response Actions	Risk occurred	Risk Closure Date	Implementation of Response Actions	Lesson Learned	Major Risk Closure Status	Notes	Progress	Item Type	Path	
OCFO037		OCFO	4/17/2017	Business Operations		Business Operations Reporting Accuracy	OCFO/BRAD is not able to ensure that updates, improvements, and compliance by Office Director and Field staff with the standard operating procedures (SOP) for financial activities are achieved, documented and reported	the EEOC has an ongoing risk of data error, reporting error and possible ADA violations.	Lack of funding and non-compliance with existing guidance, regulation and procedures.	Continued increases in costs for systems that do not provide needed capabilities. Possible ADA violation, modified audit opinion/misused deadlines/loss of confidence with stakeholders - internal and external (OMB, HR).	Misused Deadline, Data or Fund Control Errors	Medium	Medium	Medium	Accept	Ensure HQ staff is trained on templates, use, types of data required, and that deadlines are understood. Public instructions and templates on internet to ensure availability to all Field personnel. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE		Item	site/apps/erm/Lists/Risk Register		
OCFO038	1	OCFO	4/17/2017	Business Operations		Lack of any web-based data collection and analytic capabilities	The EEOC continues it's dependence on MS Excel/Word based data collection; not being able to increase the availability, and accessibility. Agency-wide, of dash boarding capabilities that include program, human resources, performance, and financial information in day-to-day decision making, and the budget and performance formulation process in particular.	The Agency risks ongoing errors, duplication of effort, lack of transparency and collaboration within the Agency that will enhance data integrity and will continue to lack a central repository for program, financial, budget and core mission support information.	Lack of funding for web-based, agency-wide data analytic system.	Continued use of existing systems that do not provide needed capabilities at all levels of the Agency thus continuing a widening information gap.	Misused Deadline, Data or Fund Control Errors	Medium	High	High	Accept	Continue to refine reports and link all summary data sheets to reportable documentation to help eliminate errors caused by the necessity to rekey data.	FALSE		FALSE		FALSE		Item	site/apps/erm/Lists/Risk Register		
OCFO040	2	OCFO	1/5/2017	Physical Security		Risk Management Process Tool (RMPT): Conduct Interagency Security Committee (ISC) Risk Management Process Tool assessment for all office locations/facilities	ISC Risk Management Process Tool assessment identifies the baseline level of Protection, plus security countermeasures	required to maintain a safe and secure work environment.	1. All Security Specialists trained and certified to use and conduct the RMPT assessment. 2. Travel required to assess all field offices. 3. Vulnerabilities require funding or risk acceptance.	Failure to conduct the RMPT assessment will result in unidentified security vulnerabilities above the EEOC workforce, it's visitor/guest and property in jeopardy.	Absence of the RMPT assessment leave unmitigated vulnerabilities and failure to identify specific funding requirements.	Very High	Very High	Very High	Avoid	1. Develop plan to conduct RMPT assessments agency-wide 2. Delegate funds for travel. 3. Get remaining Security Specialists trained and certified.	TRUE		TRUE		FALSE	The RMPT assessment allows the Security Team to identify those security countermeasures NOT currently in place for the identified baseline level of Protection. This allows for specific funding targets or risk acceptance. NOTE: We currently have 28 field office locations with ZERO annual security and security screening.		Item	site/apps/erm/Lists/Risk Register	
OCFO041		OCFO	10/1/2015	Physical Security		Ballistic Glass	Ballistic glass transaction windows for INTAK/ADR reception/waiting room for designated field offices	increased security	24 field offices have NO armed security or physical security screening (i.e. ray & magnetometer). Leaving the office completely vulnerable.	Failure to provide some type of ballistic protection could result in seriously grave injury and/or loss of life.	Field office in a facility that has no armed security and no physical security screening	Very High	Very High	Very High	Avoid	1. Implementation plan developed 2. Identify continued budget/funding 3. speed up implementation 4. remove this risk by moving ALL field offices into facilities with armed security and full physical security screening	TRUE		TRUE		FALSE	Ballistic glass transaction windows are currently being installed with relocation or major renovations or when additional funding is available. PREFERENCE is that ALL field office future moves be into a facility with armed security and full physical security screening.		Item	site/apps/erm/Lists/Risk Register	
OCFO042		OCFO	11/30/2016	Physical Security		Physical Access Control System (PACS)	PACS must be compliant with HSPD-12, FIPS 201/202, NIST, OMB M-11-13 and FCIM to allow only authorized individuals access to federal space with the federal PV card or other issued authorized agency ID credential.	increased monitoring.	1. All offices have a fully compliant PACS as of the end of FY2020. 2. Funding was approved to be in the last 5 field office to the HQ server and complete our Enterprise PACS. 3. Final step will be connecting to the Federal Bridge Certificate Data Source-expected FY2021.	1. Failure to comply with federal regulation. 2. Continued loss of physical keys and/or loss of offices to change other lock codes 3. Failure to manage/monitor/audit access agency-wide 4. Unauthorized persons entering federal space	Continued risk of unauthorized persons entering federal space. Inability to "lockdown" and monitor/audit access. Lack of accountability/control of Desfire cards and leaving persons active that have left the agency.	Medium	Medium	Medium	Avoid	1. Continue as planned with field office relocation 2. funding available imminent in other field offices 3. HQ/WFO base expiration upgrade and initiate "enterprise" solution with federal bridge	TRUE		TRUE		FALSE	The PACS or ePACS will bring the agency fully compliant with HSPD-12, FIPS 201/202 and FCIM to ensure a flow. Further more, it will allow the consistent application of electronic physical security, increasing security and dramatically reducing the loss of physical keys or the lack of offices to make proper combo changes in cipher locks when a person leaves employment or is suspended. We are using standard key locks and cipher locks, however this is compliant with federal regulation and key control program isn't 100% accurate in field offices.		Item	site/apps/erm/Lists/Risk Register	
OCFO043		OCFO	7/10/2018	Financial		Quarterly Accrual Report	quarterly accruals, such as Allowance for Accounts Receivable, Impaired Costs, Judgment Fund, and FICA Liabilities are not entered timely	EEOC's financial information can seriously impacted resulting in reporting of improper financial data.	Errors in source information; Lack of Review; Lack of information; Serious negative impact from stakeholders (internal and external); reporting consequences, and audit findings.	Misused Deadline, Reporting inaccurate financial information.	Low	Medium	Medium	Avoid	Ensure staff is trained and that deadlines are met. Weekly staff meetings to maintain visibility of all projects and associated deadlines. Ensure all related SOPs are reviewed and updated on an annual basis.	FALSE		FALSE		FALSE		Item	site/apps/erm/Lists/Risk Register			
OCFO044		OCFO	11/12/2019	Financial		Acquisition processing compliance with Federal Acquisition Regulation (FAR) and statutory guidelines	requirements are not processed in compliance with FAR guidelines	protests of solicitations or source selection decisions are possible.	A lack of knowledge of the FAR, relevant statutes, case law and precedents established in past claims and bid protest decisions.	Interested parties may file a claim or protest source selection decisions resulting in increased costs due to schedule delays, re-procurement costs or monetary damages charged to the Commission.	Request for a brief explanation of the source selection decision, a debriefing request: or protest notice.	Low	Medium	Medium	Mitigate	Conduct compliance reviews of solicitations and awards and provide staff with access to resources for new FAR updates.	TRUE		TRUE	Allow sufficient time for compliance reviews in accordance with internal guidance procedures and debriefing meeting preparations with Program Office technical staff.	TRUE		Closed	Item	site/apps/erm/Lists/Risk Register	
OCFO045		OCFO	11/5/2019	Compliance		Space Management OMB Requirement	the sum of space requests to GSA for increases and decreases in office space is more than the Agency's FY 2012 total occupied space per square foot	the Agency will not comply with OMB's requirement.	Failure to identify enough opportunities for space reduction; failure to identify and apply efficient space guidelines; and/or failure to "offset" needed increases with an equal amount of reductions.	Overall, Agency's UR (ratio of staff work space to total office space) will increase resulting in increased inefficient use of space, increase total square feet of space, and increased rent funding requirements in out years.	Absence of meaningful telework/shared work space application toward staff projections; staff projections disproportionately higher than on board staff/fines in out years.	Medium	Medium	Medium		Develop an Agency-wide telework / Shared Space plan that addresses reducing the "brick and mortar" requirements to reduce rent, space, and related expenses associated with excessive amounts of unused space.	TRUE		FALSE		FALSE	"Focus" concept for shared telework plan outlined in OCFO Memorandum dated (insert). OIG concept for shared telework plan outlined in OIG Report 9 (inserts) dated (insert).		Item	site/apps/erm/Lists/Risk Register	
OCFO046		OCFO	11/1/2019	Strategic		Consolidate and reduce space to align with GSA strategic plan	Agency does not identify and implement Agency-wide UR or request space that meets GSA's recommended UR	EEOC's space requests will not be aligned with GSA's expectations for GSA to consolidate or reduce space.	Failure to adopt and apply more efficient space standards that align with GSA's space reduction strategy	GSA's delay of EEOC expiring lease projects that may result in excessive rent costs stemming from GSA, Lessor and third party fees for services rendered against the delayed project; forced lease holdovers in existing leased space, and lack of market competitiveness that usurps benefit of receiving best lease rates. Overall, Agency's UR (ratio of staff work space to total office space) will increase resulting in increased inefficient use of space, increase total square feet of space, and increased rent funding requirements in out years.	Absence of meaningful telework/shared work space application toward staff projections; staff projections disproportionately higher than on board staff/fines in out years.	Medium	Medium	Medium		Identify and adopt an Agency-wide UR that aligns with GSA's UR requirements for OIG in conjunction with developing an Agency-wide telework / Shared Space plan that addresses reducing the "brick and mortar" requirements to reduce rent, space, and related expenses associated with excessive amounts of unused space.	TRUE		FALSE		FALSE	"Focus" concept for shared telework plan outlined in OCFO Memorandum dated (insert). OIG concept for shared telework plan outlined in OIG Report 9 (inserts) dated (insert).		Item	site/apps/erm/Lists/Risk Register	
OCFO047		OCFO	11/1/2019	Business Operations		Space Management staff training	EEOC does not maintain on hand through new hires and/or backfills the authorized number of full-time Space Management Specialists	the Agency will not have a sufficient number of competent staff to execute the Agency's Space Management operations.	Disproportionate number of staff attention to amount of authorized and suitable hires and/or backfills.	Failure to timely and sufficiently meet internal and externally mandated space related actions, which may result in excessive increases in rent, construction and related costs and fees owed to GSA, Lessors, and third parties stemming from project delays and similar consequences. Low morale, grievances, higher turnover in staff.	Disapproval to backfill or denial of new hire requests; staff ending employment with little to no notice.	Low	Medium	Medium	Mitigate	Ensure highly qualified staff are timely hired/backfilled to maintain full FTE strength (GSA 12/13 ex), ensure adequate funding for specialty training.	FALSE		TRUE	Staff operating below authorized FTE strength may not operate at optimum efficiency for extended periods of time due to (i.e., 12 months or more). The longer the period of operation below the full FTE staffing level, the higher probability of inefficiency, missed deadlines, low morale, turnover, grievances, etc.		Item	site/apps/erm/Lists/Risk Register			
OCFO048		OCFO	11/1/2019	Financial		Sufficient funding for Space Management	EEOC does not allocate sufficient funds for minimum new lease requirements	Agency's share of needed space projects (new lease and related actions) may go unfunded.	External, such as Economic (unexpectedly high increases in lease/property tax rates the NOLA and/or Congressional factors like GSA, Lessor and third party fees for services rendered against delayed projects; forced lease holdovers in existing leased space, and lack of market competitiveness that usurps benefit of receiving best lease rates. and insufficient forecast/requests.	Expiring lease projects go unfunded that may cause GSA to delay the projects, which may result in excessive rent costs stemming from GSA, Lessor and third party fees for services rendered against delayed projects; forced lease holdovers in existing leased space, and lack of market competitiveness that usurps benefit of receiving best lease rates.	Misused funding deadlines.	Medium	Medium	Medium	Accept	For internally driven errors (insufficient fund requests or forecasts) Develop and implement plan that includes historical analysis, industry analysis, and consultation with GSA, stakeholders, and multiple layers of reviews of the fund requests and forecasts (i.e., methodology, calculations, factor consideration, etc.).	TRUE		TRUE		FALSE	None - Action to avoid internal risks are implemented, reviewed and/or amended as needed in conjunction with forecast and budget request planning and development.		Item	site/apps/erm/Lists/Risk Register	
OCFO049		OCFO	12/23/2018	Other		Occupant Emergency Plan (OEP)	Federal regulation requires that each facility/office have a written and exercised/drafted Occupant Emergency Plan for fire evacuation/shelter-in-place/active shooter/intimidator/earthquake, and more.	increased security	1. GSA owned/lease facilities usually all have an OEP. 2. Field office do NOT have office specific OEP	1. Occupants are unaware of actions to take 2. Occupants with disabilities are often overlooked as to remedies	Absence of an OEP leaves the workforce vulnerable, confused on proper actions, and may (that) resulted in persons remaining inside when they should have	Medium	High	High	Avoid	1. Field Office OEP template developed 2. Launch project memo 3. Work with each field office 4. Train/Test/Exercise	TRUE		TRUE		FALSE	Every facility where an EEOC field office is located has a building OEP, however we lack office specific OEPs.		Item	site/apps/erm/Lists/Risk Register	
OCFO050		OCFO	12/23/2018	Business Operations		Failure to acquire sufficient support areas for operations	office adjacencies and each office unit's design are not adequately planned considering workload impacts (i.e., intake, claims, hearings, legal, records, etc.)	the result is inadequate design and allocation of space for conduct of office operations and Agency's overall mission.	Lack of design standards that consider Agency-wide general and each office's unique operational needs.	Lack of uniform space standard for Agency's support areas; failure to engage office leaders in office workload and space requirements during planning of office design, and failure to adjust design standards for each office's unique mission needs by consideration of design "trade offs".	Division of applying Agency's Space Allocation Guidelines (SAG) to support areas; failure to consider the impact of increasing space Requests to GSA that fully reflect the SAG, and miscalculation of support areas in accordance with the SAG.	Very Low	Medium	Low	Avoid	OPF, OGC, Field staff, OCFO and Space Manager/Project Leads (considering the impact of COVID-19) are required to complete prior to and during design phase of projects, to include identification and incorporation of "trade-offs" that account for unique office operations as feasible. Action Plan and responsibilities is codified in SAG.	TRUE		TRUE	Trade offs are subject to availability of funds, project overall budget, building shape, other unique project factors.		FALSE	GSA is lease authority for EEOC. Decision to relocate, occupy federal space or federal space is GSA decision. Trade-offs are not applicable to these and other GSA authority.		Item	site/apps/erm/Lists/Risk Register
OCFO051		OCFO	12/23/2018	Other		Continuity of Operations (COOP)	Plans to ensure that the primary mission of the agency continues during various emergency incidents	increased security	Field offices are 95% complete with their local COOP plans.	Field office COOP plans now require Training, Testing and Evaluation (TTBE) so workforce is familiar with response actions	Failure to TTBE on local field office COOP plans will result in indecisiveness and confusion of actions	Medium	High	High	Avoid	1. Plan TTBE with each field office, beginning with Table Top Exercise (TTX) 2. Priority - is that all staff have a copy of the plan or access 3. Communication methods are identified and up-to-date (EEOC AESTIGS/OWPS)	TRUE		TRUE		FALSE	All field offices have created their local COOP. Agency Security Specialists are completing technical review. Next phase is TTBE.		Item	site/apps/erm/Lists/Risk Register	
OCFO055		OCFO	11/8/2019	Financial		Revolving Fund Management	the RF operates without an OCFO/Chair vetted business plan for each year of operation based on anticipated income with all mandatory and business support obligations covered by revenue	The Agency runs the risk of under/over apportioning funds as well as be the very tangible possibility of an ADA violation.	Non-compliance with existing regulation and procedures.	Possible ADA violation, modified audit opinion/misused deadlines/loss of confidence with stakeholders - internal and external (OMB, HR).	Insufficient information to prepare basic Apportionment documents and ongoing Fund Control Errors	Medium	High	High	Avoid	BRAD was involved with the hiring of a new revolving fund manager with experience in fund management. Business planning is now in progress.	FALSE		TRUE		TRUE		Item	site/apps/erm/Lists/Risk Register		
OCHCO04	3	OCHCO	1/5/2019	Compliance		Personnel Processing	OCHCO continues operating with significantly diminished HR Assistants	there are risks in meeting EEOC's strategic objectives.	Lack of timely and accurate processing of personnel actions.	Unable to provide accurately financial data for budget reconciliation.	Lack of timely and accurate processing of personnel actions.	Low	High	Medium	Avoid	OCHCO will invest in hiring HR Assistants and use existing Administrative Support Staff to ensure actions are processed accurately and timely for EEOC employees. OCHCO will ensure staff are properly trained in Federal HR fundamentals, processing personnel actions, and other key Federal HR regulations and operations.	FALSE	9/30/2020	FALSE	HR assistant hired	FALSE		Closed	Item	site/apps/erm/Lists/Risk Register	
OCHCO02	1	OCHCO	8/6/2018	Strategic		OCHCO will continuously implement quality practices in human resources operations and policies	OCHCO operates with manual processes and outdated policies	EEOC may not meet strategic objectives.	Lack of updated human resources policies and automation.	Unable to meet strategic goals.	Lack of human resources automation.	Low	High	Medium	Avoid	OCHCO will automate its last remaining human resources system - Classification. OCHCO has updated all other systems, including the EEOC Learning Management System and LMS/Staffing. OCHCO has also updated its outdated policies, checklists, and guidelines, including its Attorney Hiring Plan, Exempted Service Pathways Programs, Volunteer Service Programs, EEOC Additional Hires Request, and Background Investigations for Exempt Positions policies and checklists.	FALSE		FALSE		FALSE		Item	site/apps/erm/Lists/Risk Register		
OCHCO03	2	OCHCO	1/5/2018	Compliance		Delegated Examining (Hiring)	OCHCO does not comply with OPM delegated authority regulation and Merit System Principles	Agency may lose hiring authority.	No accountability system.	Agency would lose authority from OPM to recruit and fill positions.	Not performing yearly self-audits of the Delegated Examining activity.	Low	High	Medium	Avoid	OCHCO will automate human resources reporting in areas of classification and staffing using existing systems and SharePoint. OCHCO will review and update policies, checklists, and guidance documents.	FALSE	9/30/2020	FALSE	EEOC Accountability Program established in OCHCO. Yearly internal audits are being performed.	FALSE		Closed	Item	site/apps/erm/Lists/Risk Register	
OCLA01	1	OCLA	11/8/2019	Legislation		Restrictive language on EEOC appropriation	Congress approves language	that restricts the agency from carrying out part of our enforcement responsibilities.	Congress disagreeing with actions of the agency.	Inability to fully enforce parts of the law within our jurisdiction.	Appropriations language.	Medium	High	High	Mitigate	Ensure that EEOC has good relationship with Congress so that those risks can be mitigated and compromises can be reached that are short of language in our appropriation.	FALSE		FALSE		FALSE		Item	site/apps/erm/Lists/Risk Register		
OCLA02		OCLA	11/8/2019	Reputational		EEOC provides incorrect information to reporter	EEOC provides incorrect information to a reporter	It could undermine our relationship with the press.	Lack of care in providing information	If we are not seen as an honest broker then we will lose our leverage to impact press coverage.	Proving misinformation	Low	Medium	Medium	Avoid	We should work with offices to ensure that we have consistent and accurate information.	FALSE		FALSE		FALSE		Item	site/apps/erm/Lists/Risk Register		
OCLA03		OCLA	11/8/2019	Reputational		Negative publicity due to agency action	If EEOC acts in a way that contravenes what we ask others to do, then	Agency may receive negative publicity	Failure to take the consequences of not following rules and standards we enforce on others	We could be the subject of criticism in the press and in Congress that undermines our authority in the laws that we enforce.	Bad press about EEOC, violating our own standards	Medium	High	High	Avoid	Ensure that EEOC is following the rules and standards we enforce upon others to the extent possible.	FALSE		FALSE		FALSE		Item	site/apps/erm/Lists/Risk Register		
OEADA01		OEADA	4/28/2017	Cyber information Security		EDT EEO Survey Databases	unauthorized access to EEO Survey databases are not prevented	the confidentiality of stakeholder confidential information is compromised.	Inadequate cybersecurity prevention.	Confidentiality is compromised.		Low	Very High	High	Avoid	Ensure responsible program office and contractors assess and develop corrective plans to prevent unauthorized access of data.	FALSE		FALSE		FALSE		Closed	Item	site/apps/erm/Lists/Risk Register	
OEADA02		OEADA	4/28/2017	Legal		EDT Release of confidential data.	GSA with access to charge data, survey data and employer's human resource data (including contractors) are not properly trained	confidential information may be released.	Inadequate training and lack of supervisory oversight.	Individual and company data consistent confidential under Title VI is compromised. EEOC employees can be impersonated and/or fired.		Low	Very High	High	Avoid	Provide comprehensive and continual training for team members and all contractors.	FALSE		TRUE		FALSE		Closed	Item	site/apps/erm/Lists/Risk Register	
OEADA07		OEADA	5/1/2017	Reporting		EDT Errors and inability to provide workload reports.	reports are not automated	the risk of error is greater: preparation time is extended, and resources are wasted that could be used for other purposes.	Heightened chance of error and inefficient use of man hours.	Quality of the information disseminated is compromised and the ability to develop and produce new work products is hampered.	Reports are disseminated with errors. A project is shelved for lack of available staff.	Low	Low	Low	Avoid	Commence the process of automating reports.	FALSE		FALSE		FALSE		Closed	Item	site/apps/erm/Lists/Risk Register	
OEADA06		OEADA	5/1/2017	Reporting		(IPT) Automation of all IPT monthly, quarterly and annual reports	reports are not automated	the risk of error is greater: preparation time is extended, and resources are wasted that could be used for other purposes.	Heightened chance of error and inefficient use of staff hours.	Quality of the information disseminated is compromised and the ability to develop and produce new work products is hampered.	Reports are disseminated with errors. A project is shelved for lack of available staff.	Low	Low	Low	Avoid	Commence the process of automating reports.	FALSE		FALSE		FALSE		Closed	Item	site/apps/erm/Lists/Risk Register	

Risk ID	Risk profile rank	Offices	Risk Identification Date	Risk Category	Other Risk Category	Risk Name	Risk Description If	Risk Description Then	Causal Factors	Impacts/Consequence	Risk Trigger	Probability	Impact	Risk Score	Response Action Type	Response Actions	Risk occurred	Risk Closure Date	Implementation of Response Actions	Lesson Learned	Major Risk Closure Satisfact	Notes	Progress	Item Type	Path
GEDA07		OEDA	5/2/2017	Reporting		(IPT) Cross-training of IPT staff	Staff should be cross-trained on all routine products	It ensure that in the absence of key staff the work is completed seamlessly and correctly.	Confusion and incoherently and poorly executed work products or total inability to complete the work without key staff member.	Work may be untimely if incorrectly prepared affecting the quality of work provided to customers.	Untimely or incorrect dissemination of work to customers.	Medium	Medium	Medium	Avoid	Begin cross-training staff so that work can be produced even if key staff is absent.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA08		OEDA	5/1/2017	Reporting		(IPT) Loss of Data in IMS required to prepare IPT reports.	catastrophic circumstances occur where the IMS server crashes or the network is down	IPT will be unable to prepare reports and requests for information. The network is down	Inability to serve customers.	Data would not be available to inform agency decision-makers and to respond to Agency stakeholders	IPT is unable to perform its major function.	Very Low	Very High	Medium	Avoid	Communicate with OIT on an on-going basis to ascertain that recovery mechanisms are in place	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA09		OEDA	5/1/2017	Reporting		(IPT) Inappropriate release of confidential charge information.	Confidential charge information is released to the public	the Agency could be subject to disciplinary or legal actions.	Embarrassment to the Agency and exposure to possible legal action.	The Agency would be held responsible for the subsequent invasion of privacy of one of its clients.	The Agency is disciplined, reprimanded or subjected to legal action for releasing confidential information.	Very Low	Very Low	Very Low	Avoid	Provide guidance to IPT staff regarding the release of confidential charge information. Stipulate that no information is released without prior approval from the division director or the team leaders.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA10		OEDA	7/28/2018	Compliance		(OPT) Federal Manager's Financial Integrity Act Reporting requirements	written Program Guidance for FMIA OMB A-123 reporting requirements are not followed	deadlines will be missed and audit findings are possible.	Lack of experience with existing procedures	Modified audit opinion/misused deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Misused Deadline	Very Low	Very High	Medium	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA11	2	OEDA	7/30/2018	Strategic		(LIST) Virtual Library is not a part of Incide	the Virtual Library is not part of Incide	we may not be subject to the same back-up schedule	Legacy web site which offered the Library more content management options than Incite	Loss of data on the Virtual Library. Inability to recover data in the event of catastrophic IT event.	Lost data		High	High	High	Avoid	Request OIT automatically back up the Virtual Library on a monthly basis without need for reminders from the Library.	FALSE		FALSE			In Progress	Item	site/apps/erm/Lists/Risk Register
GEDA13	3	OEDA	7/30/2018	Legal		(LIST) Vendor audits of EEOC legal database usage	providers of Library-manged legal databases audit use of information	subject to GLBA and DPPA permissible use restrictions	Requirements of GLBA and DPPA	Revocation of access	personal or other non-case related use	High	High	High	Avoid	Education of EEOC users on permissible use requirements. Mandatory training of new users and information security requirements emailed individually to users and posted on the Virtual Library. Implementation of required reference code identifying case for which the research is being conducted	FALSE		FALSE				Item	site/apps/erm/Lists/Risk Register	
GEDA14		OEDA	7/30/2018	Business Operations		(BOT) Procurement deadlines	BOT staff aren't trained in procurement procedures	there's a break in service due to missed deadlines.	More money is needed to avoid break in subscription service.	Additional time hours are spent by BOT and ADO to prevent a break in service.	Increase chance of errors in the task order.	Very Low	Medium	Low	Avoid	Creating Excel spreadsheet that includes vital contract administrative information.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA15		OEDA	8/2/2018	Strategic		(IAT) Investigative Analytic Staffing	Investigative Analysts are not hired to backfill previously vacated positions	then the investigative needs to support systemic investigations will not be met.	Inadequate staffing & Resources	OIT/Enforcement will not be able to provide sufficient evidence needed for systemic cases or will have to rely on more costly external contractors to perform the analytic work.	Inadequate Staffing & Resources	Very High	High	Very High	Mitigate	Ensure that adequate staffing & resources to fulfill the mission of the EEOC.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA16		OEDA	8/1/2018	Strategic		(IAT) Loss of Access Analytic Data	Investigative Analysts experience a loss of access to investigative data	they will be unable to perform the analyses necessary to support systemic investigations.	System and Software Upgrades	Analysts will not be able to perform required analyses.	Loss of access to data due to OIT updates.	Very Low	High	Low	Avoid	Ensure all software upgrades are first pre-tested among a small group of analysts.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA17		OEDA	8/1/2018	Strategic		(IAT) Minimal investigative cross-training	analysts are not cross-trained to perform a variety of analyses	the departure or leave of individual analysts may leave gaps in the statistical expertise and analytical offerings provided.	Inadequate training and collaboration.	Increased backlog and delays in delivering analytic work products to clients.	Departure or extended leave of expert analysts. Areas of highest concern: testing, pay, long term disability.	Medium	Medium	Medium	Mitigate	Cross-train analysts and encourage additional training in new analytic areas.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA19		OEDA	8/1/2018	Strategic		(IAT) Loss of Access Statistical Software	If Analysts do not maintain access to statistical software, then systemic investigations.	they will not be able to perform the analytic work needed for systemic investigations.	Poorly planned hardware or software updates.	Delays in analytic work products and investigations.	No access to the non-core software installation files required for systemic investigations.	Medium	High	High	Avoid	Coordinate with OIT prior to all software upgrades requiring the reinstallation of non-core software to ensure the installation media are available.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA20		OEDA	8/1/2018	Strategic		(IAT) Loss of access to External Researcher Expertise (IPA).	OEDA does not strive to maintain relationships with external researchers while establishing compliant procedures for sharing EEO data	we will forfeit opportunities to fulfill the mission and track EEO progress in the workforce and inform EEOC SEP priorities.	Failing to engage existing researchers, who remain a captive audience, during the IPA overhaul.	Loss of knowledge and access to researchers able to take on important research efforts current EEOC staff do not have the availability to conduct internally. These research efforts often inform EEOC strategic enforcement plans and research and data plans.	Not communicating with IPA researchers regarding changes to the IPA process.	Low	Medium	Medium	Avoid	Maintain relationships with researchers and work to see that their data access needs are met as timely as possible and in compliance with federal regulations.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA21		OEDA	7/25/2018	Reporting		(EDT) Identification of employees through aggregate data.	attention is not given in the aggregation of EEO-1 data	it is possible to identify actual employees where small cell sizes exist.	Lack of knowledge of information disclosure and confidentiality processes.	Confidentiality of actual employee information is compromised.	Lost data	Low	Very High	High	Avoid	Request OIT automatically back up the Virtual Library on a monthly basis without need for reminders from the Library.	FALSE		TRUE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA23		OEDA	8/1/2018	Legal		(IAT) Release of Confidential Employer Data	Respondent data are inadvertently released	the Commission could be highly responsible. Respondents may be less cooperative in providing data needed for investigations and courts may be less willing to compel Respondents to provide data.	Making data widely accessible.	Difficulty in receiving data for future investigations.	Data accessed by the inappropriate parties and released without permission	Low	High	Medium	Avoid	Work with OIT to ensure only the minimum number of employees are provided access to data used for systemic investigations. For example, restricting access to sensitive data available via RMS. Train analysts on appropriate access and sharing.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA14		OEDA	7/30/2018	Business Operations		(BOT) Cross-training of BOT staff	BOT staff aren't cross-trained on all administrative tasks	there's a breakdown of work product	Important deadlines are missed.	Personnel matters are delayed & OEDA is subject to an audit.	Reports need to be redone due to errors.	Medium	Very High	High	Avoid	Begin cross-training of BOT members so that work doesn't stop even when POC's absent.	FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA15		OEDA	8/1/2020	Business Operations		TEST	data is deleted	data is deleted	the	the	the	Medium	Very High	High	Avoid		FALSE		FALSE			Closed	Item	site/apps/erm/Lists/Risk Register	
GEDA16	1	OEDA	10/1/2020	Compliance		Statistical sufficiency of EEOC data products and reports released to the public.	EEOC data products and reports are not reviewed for statistical sufficiency and efficiency as well as information quality prior to public release.	EEOC could be out of compliance with requirements under the Information Quality Act (IQIA), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), the Foundations for Evidence-Based Policymaking Act (Evidence Act) and related Office of Management and Budget (OMB) memoranda and guidance.	Lack of compliance with existing laws.	The quality, objectivity and utility of the data disseminated to the public could be compromised.	EEOC data and reports are released to the public without undergoing necessary review for statistical sufficiency and efficiency and information quality.	Medium	Medium	Medium	Avoid	Ensure the necessary controls and protocols are in place within the agency to ensure review of all data products and reports prior to dissemination to the public.	FALSE		FALSE			In Progress	Item	site/apps/erm/Lists/Risk Register	
GE001	2	OEO	5/16/2016	Compliance		EEO Director's Direct Reporting Relationship's compliance with established EEOC reporting regulations.	EEO Director does not report directly to the Agency Chair	Agency fails to comply with MD-110, Chap. 1, Section II, B.	Lack of compliance with existing Commission regulations.	Negatively and severely undermines EEO Director's "independent authority" and the "unfettered relationship" that "allows the Agency head to have a clear understanding of EEO factors when making organizational decisions. MD-110, Chap. 1, Section II, B. Reporting two levels below the Agency head does not does not indicate that the Agency considers EEO a fundamental aspect of the Agency's mission.	Failure to report to, regularly meet with and/or be evaluated by the Agency Chair.	Very High	High	Very High	Avoid	Revise reporting structure. Hold regular meetings with EEO Director and Agency Chair.	TRUE	3/13/2020	FALSE	New Chair implemented regular meetings with EEO Director	TRUE	Requirement changed by OFO	Closed	Item	site/apps/erm/Lists/Risk Register
GE003		OEO	8/1/2016	Compliance		Compliance with the responsibilities of the EEO Director with established EEOC regulations.	the Agency fails to acknowledge and adhere to the responsibilities of the EEO Director	the Agency cannot become a model employer and will not be in compliance with 29 CFR 1614.102.	Lack of compliance with existing EEO Director's responsibilities and authority.	As stated in 29 CFR 1614.102, a number of EEO Director responsibilities and duties of the affirmative employment program are no longer under the purview of the affirmative employment program or the supervision of the EEO Director.	Reporting of affirmative employment responsibilities to other Agency Offices.	Very High	High	Very High	Avoid	Realign and consolidate affirmative employment services (including the Disability Program), as articulated in 29 CFR 1614.102, designated as the responsibilities of the affirmative employment program and the EEO Director to the responsibilities and supervision of the EEO Director.	TRUE	3/13/2020	TRUE	Current OEO management disagrees with prior Director's risk assessment. In March 2020, OEO hired a dedicated Special Emphasis Program manager who is responsible for fostering OEO's affirmative action program, to include the voluntary employee organization (VEO) which is comprised of EEOC employees with disabilities. OEO management does not agree that any realignment or reorg to include the disability program in OEO is necessary or available at this time.	TRUE	Hired Affirmative Employment Program Manager	Closed	Item	site/apps/erm/Lists/Risk Register
GE005	1	OEO	5/16/2016	Business Operations		Effective Staffing	the Agency fails to provide sufficient staffing to OEO	OEO will fail to comply with Agency guidance and regulations for EEO offices.	Lack of sufficient staffing	Without sufficient staffing resources, OEO will continue to not meet regulatory time frames as stated in the MD-110. This could lead to sanctions against the Agency.	Repeatedly miss statutory deadlines and possibility of sanctions from complainant atlys	Very Low	Very Low	Very Low	Avoid	Hire additional staff/contractors in sufficient numbers with the appropriate skill sets.	FALSE		FALSE				Item	site/apps/erm/Lists/Risk Register	
GE006		OEO	5/30/2016	Reporting		Inefficient EEO Complaint tracking system	the Agency purchases the full Xtracomplaints tracking program on the complete complaint tracking program by another vendor	OEO complaint timely complaint processing and tracking and reporting accurate with improve.	The Agency has purchased separate partial programs for different divisions with connected services without any interface between the programs.	Duplication of same or similar employee complaints of different areas	Opposing finding by different divisions.	Medium	High	High	Transfer	Consult directly with Employee Labor Relations, OEO and RESOLVE to determine the specific services of each. By the complete program of one tracking vendor that supports for the range of services for all three groups, rather than purchase separate, partial programs that do not interface.	TRUE	3/13/2020	FALSE	OEO management disagrees with prior OEO Director's risk assessment. New OEO management has initiated collaborative relations with RESOLVE, OCHCO, ILS, and ELR by holding regular meetings to ensure that these departments are not processing duplicative complaints. For example, if a complainant files with the MSPR and then attempt to file the same claim with OEO, ILS will inform OEO at these meetings, so that OEO can dismiss the second claim (as required by the CFR). Current OEO management does not believe a computer platform to coordinate this function is a wise use of agency resources. OEO notes that it would prefer having a more robust Complaints program that contains more sophisticated reporting modules; however, OEO is currently creating its own supplemental reports to save the agency the cost of upgrading the Complaints reporting module.	TRUE		Closed	Item	site/apps/erm/Lists/Risk Register
GE007		OEO	5/30/2016	Compliance		Affirmative Employment Compliance reporting	the Agency shares or purchases data analytics technology utilized by other Agency offices with OEO	the likelihood of OEO's compliance with EEOC regulations and compliance on affirmative employment programs will greatly increase.	Lack of clarity on the full complement of services and responsibilities of OEO as articulated in EEOC guidance and regulations for EEO Offices.	Dependence on other offices to provide information that should be readily available and accessible to OEO - attempt to develop or create "work around" tools in lieu of data analytics programs and tools.	Repeatedly missed deadlines or omission of services.	Medium	High	High	Transfer	Obtaining or sharing data analytics computers and programs used by other Agency offices. With OEO would support OEO's compliance with program responsibilities or tracking, reporting and making recommendations regarding the Agency's affirmative employment program.	FALSE	3/13/2020	FALSE	Current OEO management disagrees with prior OEO Director risk assessment. With the addition of the new affirmative action specialist, OEO is now compliant with affirmative action reporting deadlines.	FALSE		Closed	Item	site/apps/erm/Lists/Risk Register
GE009		OEO	4/1/2017	Financial		Budget Execution compliance with established OMB Reporting requirements	written Program Guidance for Budget Execution (OMB Circular A-11) and input to EEOC Financial Statements (OMB Circular A-136 Financial Reports Requirement) are not followed	deadlines will be missed and audit findings are possible	Lack of compliance with existing procedures.	Modified audit opinion/misused deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS)	Misused Deadline	Very Low	Medium	Low	Avoid	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE	3/13/2020	FALSE	This item is not part of OEO's responsibility.	TRUE	Not part of OEO responsibility	Closed	Item	site/apps/erm/Lists/Risk Register
GE010		OEO	5/20/2016	Business Operations		Current Operating Structure	Agency reorganizes current structure of OEO	greater efficiency and effectiveness will support increased load of compliance with EEOC regulations.	Lack of clarity on the full complement of services and responsibilities of OEO as articulated in EEOC guidance and regulations for EEO offices in lieu of technological advances.	Current structure is ineffective and heavily dependent on sufficient communication and dissemination of information.	3-4 people involved in a single process step and lack of significant transition to electronic dissemination of case materials.	High	High	High	Avoid	Restructure and realign services to support compliance measures and development as streamlined, computer-based servicing.	TRUE	3/13/2020	FALSE	In December 2019, OCH approved an extensive reorganization of OEO's structure. The re-org was implemented in March 2020. Thus, the risk outlined by the prior OEO director has been addressed.	FALSE		Closed	Item	site/apps/erm/Lists/Risk Register
GE0153		OEO	11/16/2016	Financial		Office Budget	Agency fails to increase OEO's budget	OEO will fail to address its prevention responsibilities.	Primary focus on complaint processing instead of prevention.	The majority of OEO's budget is spent on case management, at the expense of other office functions. Continued high per capita rate of complaints.	Reactive to complaints rather than getting to root cause and prevention.	High	Medium	High	Transfer	Collaboration between all Agency Divisions to work with OEO to develop training tools using shared resources and recommendation to support all staff training development and compliance with EEO training and outreach. Increased proactive and preventive measures decreases the likelihood of complaint filing.	TRUE	3/13/2020	FALSE	OGH increased OEO's FY 2020 budget and authorized significant funds for hiring contract investigators. OEO is now able to focus on preventing discrimination in the EEOC workplace, as its compliance/investigation team is no longer consuming the majority of OEO financial and staff resources.	FALSE		Closed	Item	site/apps/erm/Lists/Risk Register
GE002	1	OFO	12/13/2017	Strategic		Lack of investment in Business Intelligence Analytics	OFO does not investment in Business Intelligence Analytics	it will not be able to effectively oversee federal agencies, empirically analyze EEO issues, and spot statistically significant trends government-wide and at individual agencies.	Multiple discrete stove-piped sources of EEO and affirmative employment data	Substantial delays in assessing federal government compliance with statutes and Commission Directives	Disparate data sources; transition from manual assessment, prior efforts to develop online data gathering	High	High	High	Mitigate	Improve business intelligence analytics which will provide ability to assess compliance areas and trends with individual agencies.	FALSE		FALSE				Item	site/apps/erm/Lists/Risk Register	
GE003	2	OFO	5/18/2017	Compliance		Understaffed Compliance Program	OFO does not increase the number of Compliance Officers	they will not be able to quickly process the large existing inventory of compliance cases, and will delay giving equitable relief to stakeholders.	Increased numbers of appellate orders issued in OEO decisions, combined with continued decrease in the number of OFO's 3 Compliance Officers	Complainants who prevail before EEOC will not receive their equitable relief in a timely manner	Increase in Compliance inventory; agencies not meeting deadlines mandated in appellate orders; any attrition of OFO's 3 Compliance Officers	High	High	High	Mitigate	Examine options for increasing staffing levels of Compliance officers including new hires, rotational assignments of existing staff and details from other EEOC components.	FALSE		FALSE				Item	site/apps/erm/Lists/Risk Register	
GE004	3	OFO	7/28/2018	Cyber information Security		Agencies may send personal identifying and other confidential information to OFO	Federal agencies, such as OPM and national security agencies, may send OFO case files or data sets that include personal identifying information or other confidential information. If OFO does not take appropriate steps to protect this information	violations of the Privacy Act may occur	Presence of PII and other confidential information in appellate records and data sets submitted by other federal agencies and complainants and their representatives.	Permitives available for violations of the Privacy Act may be imposed	Appellate submissions and agencies' complaints and MD-715 data submissions contain PII or other confidential information	High	High	High	Mitigate	In consultation with OIT's Chief Security Officer, provide updated training to OFO staff and identify protocols to be performed when personal identification or other confidential information is discovered in a submission to OFO.	FALSE		FALSE				Item	site/apps/erm/Lists/Risk Register	

Risk ID	Risk profile rank	Offices	Risk Identification Date	Risk Category	Other Risk Category	Risk Name	Risk Description If	Risk Description Then	Causal Factors	Impacts/Consequence	Risk Trigger	Probability	Impact	Risk Score	Response Action Type	Response Actions	Risk occurred	Risk Closure Date	Implementation of Response Action	Lesson Learned	Major Risk Closure Status	Notes	Progress	Item Type	Path		
OPF02		2	OPP	10/31/2019	Physical Security		Physical Security of Field Offices to Reduce Risk	building and office safety protocols (including COVID-19 issues) and equipment are not established and maintained,	visitors who pose a security risk may not be stopped and staff members may be put in danger.	Lack of properly maintained security systems or absence of security devices, including health screenings; offices in non-federal buildings lack security and health screening; lack of appropriate security and health related signage for visitors; lack of training for staff on appropriate protocols and how to deal with difficult customers and take precautions on health issues relating to COVID-19; PIV card malfunctioning; Incomplete review of security in each field office or incomplete or outdated procedures.	Employee or visitors may be harmed or killed; employees may risk exposure to COVID-19 that could lead to health issues and complications; lower employee engagement due to perception that their safety is not important; inability to account for staff safety in times of COVID, pandemic or other crisis; loss of customers and take precautions on health issues relating to COVID-19; PIV card malfunctioning; Incomplete review of security in each field office or incomplete or outdated procedures.	High	High	High	Avoid	Provide training to staff on security risks, including active shooter, shelter in place, and COVID; also provide training for staff on dealing with difficult customers; provide training on panic buttons and PIV card system operations, emphasizing the need to carry PIV cards at all times and outline protocols on procedures if staff are locked out of space; provide training to staff on reducing or mitigating health risks associated with COVID-19; identify other mechanisms to provide secure intake space and to provide equipment, signage and PPE to provide safe spaces. Post signs at facilities regarding prohibitions of weapons and other behaviors (particularly critical where entry to field office does not include passage through security screening). Post signs and publish other guidance to staff and visitors on protective measures to address COVID-19 exposure and containment.	FALSE		FALSE		FALSE	PF 2020 - Risk expanded to include COVID-19 aspect of physical and health security of staff and health customers.	Open	Item	shec/apps/erm/Lstz/Risk Register		
OPF03		3	QFP	10/31/2019	Cyber information security		Security of Confidential Information and Sensitive PI contained in private sector charges	employees take charge files out of the office (for telework, onsite, etc). Additionally, if SPI materials are not properly documented in the file	the risk that confidential information may be disclosed increases. Additionally their subsequent release as part of a position statement sharing, Section 83 or FOIA may occur.	New employees unfamiliar with privacy of documents; lack of clear process and training for those providing data reports to the public or FOIA/Section 83 requests; paper charge files left in public domain areas; provision of copies of unredacted materials under FOIA, Section 83 or provision of position statements; failure to secure electronic media with SPI.	Violation of statutory requirements concerning information about charges filed with the agency; failure to protect PI force agency or FOIA/Section 83 requests; paper charge files left in public domain areas; provision of copies of unredacted materials under FOIA, Section 83 or provision of position statements; failure to secure electronic media with SPI.	Medium	Medium	Medium	Avoid	Ensure all field offices are utilizing electronic PI form when taking confidential files off premises and coordinating with District Sensitive Database contact when MEMSG data/documents must be downloaded. Conducting refresher training for staff emphasizing identifying and marking PI, including those doing FOIA/Section 83. Office 365 allows employees to access e-mails through the cloud and with new laptops, employees are encouraged to take their laptops (rather than paper charge files) when working off site. Transition to full digital charge intake and investigation reduces the need to take paper files outside the office.	TRUE		FALSE		FALSE		Item	shec/apps/erm/Lstz/Risk Register			
OPF04		1	QFP	10/31/2019	Strategic		Allocation of training funds does not strategically support front-line staffing	the allocation of training funds does not prioritize and recognize the training of large populations of the agency's front-line staff (e.g., investigators, mediators, administrative judges, trial attorneys)	training funds will not be focused on critical program functions that contribute to the agency successfully achieving priorities that include inventory management, strong enforcement of the law, and quality customer service to the public.	Lack of a coordinated strategy for the use of training funds; over emphasis on individual training opportunities via IDP and conference funding at the expense of program training needs and quality customer service to the public.	Without a better methodology for ensuring that large categories of staff have their training needs met by the designation of annual training funds to ensure that program offices can focus training on specific topical matters, skills enhancement and other critical issues, then the agency will have a significant portion of its employee base who do not receive annual training that will help them perform their job better, be more efficient, provide current legal and enforcement updates, and promote current initiatives. The consequences include less effective staff performance, a lack of consistency in nationwide operations, and lower levels of customer satisfaction from the public.	Very High	High	Very High	Avoid	Establish methodology for development of training plan and budget allocation between ODC/O and Program Offices which will ensure that training can be provided to the key large populations of agency front line staff (investigators, mediators, administrative judges and trial attorneys) through the annual training; reduce the training funds allocated for IDP and conference spending to ensure agency program functions are prioritized for training of key front-line staff.	TRUE		FALSE		FALSE		Open	Item	shec/apps/erm/Lstz/Risk Register		
OPF162			QFP	5/17/2017	Compliance		Missing or incorrect information in ACT Digital System	Respondent's contact email information is incorrect in the ACT Digital System, then Respondent may not timely receive EEOC service of the charge	Respondent may not timely receive EEOC service of the charge. Respondent's response to participate in mediation may be delayed or missed entirely, and there may be other aspects of the charge process detrimentally impacted.	Outdated information in ACT Digital, user error in data entry or provision of incorrect information to agency.	Agency fails to meet 10 day service of charge requirement which Respondent may challenge in future proceedings; delays in acceptance or rejection of ADR offers can impact charge lifecycle or opportunity to utilize mediation, or other consequences may arise due to lack of electronic communication caused by incorrect email.	Missed deadline	Very Low	Medium	Low	Avoid	Ensure intake Staff review and update Respondent contact information in ACT Digital; routinely review Respondent/Employer contact information received in IMS; conduct prompt overnight of system reports of unserved charges due to Respondent not logging in to view charge.	FALSE		FALSE		FALSE			Item	shec/apps/erm/Lstz/Risk Register	
OPF163			QFP	7/30/2018	Compliance		Inability to conduct full testing of ACT Digital Enhancements and Missing or incorrect information in ACT Digital System	if truncated User Testing is conducted prior to release of updates, problems arise with new process/data fields that create more issue of data integrity and customer service; and if Respondent's contact email information is incorrect in the ACT Digital System	then Respondent may not timely receive EEOC service of the charge; Respondent's response to participate in mediation may be delayed or missed entirely, and there may be other aspects of the charge process detrimentally impacted.	Truncated testing can create ripple effects in unintended ways to data systems. Outdated information in ACT Digital, user error in data entry or provision of incorrect information to agency.	Data can be corrupted or overwritten, or not collected in a way that ensure integrity of collected information. Error may not be uncovered for long timeframe and effort is then required to repair and re-enter missing data. Agency fails to meet 10 day service of charge requirement which Respondent may challenge in future proceedings; delays in acceptance or rejection of ADR offers can impact charge lifecycle or opportunity to utilize mediation, or other consequences may arise due to lack of electronic communication caused by incorrect email.	Identification of system malfunctioning or data missing. Missed deadline	Medium	Medium	Medium	Avoid	Enhance User Acceptance Testing to be more robust and examine ripple effects of programming changes to ensure all are addressed prior to roll-out to all staff. Ensure intake Staff review and update Respondent contact information in ACT Digital; routinely review Respondent/Employer contact information received in IMS; conduct prompt overnight of system reports of unserved charges due to Respondent not logging in to view charge.	FALSE		FALSE		FALSE			Item	shec/apps/erm/Lstz/Risk Register	
OGC01		1	OGC	4/1/2017	Compliance		Budget Execution compliance with established OMB Reporting requirements.	Written Program Guidance for Budget Execution (OMB Circular A-11) and input to EEOC Financial Statements (OMB Circular A-136 Financial Reports Requirement) are not followed	Deadlines will be missed and audit findings are possible.	Lack of compliance with existing procedures.	Modified audit opinion/missed deadlines/loss of confidence with stakeholders - internal and external (OMB, HHS).	Missed Deadline	Very Low	Medium	Low	Mitigate	Ensure staff is trained and that deadlines are understood. Publish an internal calendar of due dates to maintain visibility.	FALSE		FALSE		FALSE	Risk reviewed on September 30, 2020.		Item	shec/apps/erm/Lstz/Risk Register	
OGC02		2	OGC	5/10/2018	Financial		Failure to obtain approval of contract for expert services in time to meet court ordered deadline	OGC staff does not allow sufficient time for 20% to be reviewed and procurement documents to be drafted for contracts in excess of \$25,000	Procurement may not have sufficient time for procuring, including Commission circulation and vote where appropriate, and we could be precluded from submitting an expert report necessary to effectively litigate a case.	Lack of clear deadlines for the legal field units to use as guidance for when to submit requests for contracts in excess of \$25K to OGC-HQ.	Failure to obtain timely processing of expert requests by Procurement could result in OGC being unable to rely upon an expert witness to prove its claims and the likelihood of success in court is greatly diminished.	Missed Deadline	Low	High	Medium	Avoid	OGC should review its current policies and procedures for submission of expert services requests to ensure the guidance contains clear deadlines for legal field units and OGC-HQ shifts so that Procurement can timely process contracts.	FALSE		FALSE		FALSE	Risk reviewed on September 30, 2020.		Item	shec/apps/erm/Lstz/Risk Register	
OGC03		3	OGC	5/10/2018	Legal		Failure to adequately track Defendants' compliance with injunctive relief contained in Consent Decrees.	OGC does not have a mechanism in place to ensure compliance under the decrees and future violations could occur.	there is a risk that Defendants will not honor their obligations under the decrees and that resolution will come from OGC aggressively ensuring compliance to the injunctive relief provisions.	Lack of compliance with existing procedures.	It is important that Defendants feel motivated to comply with their obligations under the decrees and that resolution will come from OGC aggressively ensuring compliance to the injunctive relief provisions.		Low	High	Medium	Avoid	OGC plans to form a small workgroup to establish protocols for monitoring compliance with injunctive relief. The group will examine existing guidance in the Regional Attorneys' Manual and current practices. The protocols will provide guidance on when to use independent monitors and other methods for uncovering non-compliance.	FALSE		FALSE		FALSE	Risk reviewed on September 30, 2020.		Item	shec/apps/erm/Lstz/Risk Register	
OGC04			OGC	11/1/2019	Financial		The Oracle Federal Financials (OFF) system does not sufficiently allow the OGC to generate meaningful financial reports that track the costs of litigation activities.	the OGC and the OGCFO does not produce more useful financial reports that track the costs of litigation activities	the OGC will not be able to ascertain the real costs of the primary activities of the litigation program. We will not be able to identify spending trends based on costs for the most relevant litigation components.	An inability to account for the real costs of meaningful litigation activities conducted nationally by OGC legal units.	OGC will not be able to effectively earmark limited funding to priority activities due to a lack of a real understanding of how funds are being spent.		Medium	Medium	Medium		The OGC is working closely with OGCFO to develop new activity code descriptions for the OFF financial system that will more accurately describe the litigation activities performed by OGC. The new activity codes will allow for the generation of meaningful financial reports which will track the costs of the major litigation program activities.	FALSE		FALSE		FALSE	Risk reviewed on September 30, 2020.		Item	shec/apps/erm/Lstz/Risk Register	
OT01		1	OIT	8/1/2018	Cyber information security		SPI Datasets	SPI datasets are not properly secured	there is increased risk of data breach	SPI data sets not properly secured	Increased likelihood of breach of the sensitive data, potential significant damage to Agency reputation	Unauthorized access to SPI	Medium	High	High	Mitigate	(1) implement encryption of data at rest and restricted access within Africax for documents containing SPI. Implement response/training for staff access to documents. (COMPLETED) (2) Implement Data Loss Prevention (DLP) for email transmission of SDA data to external parties. (COMPLETED) (3) Implement secure storage area within SharePoint that enforces restricted access and data loss prevention technologies. Develop processes to push files from Africax to shared repositories and procedures related to access/loss. (IN PROGRESS) In 2019, OIT implemented additional governance controls and protections for Outlook Groups. In 2020, OIT acquired additional security services/tools, which are currently being implemented, to provide additional governance and DLP controls within SharePoint.)	FALSE		FALSE		FALSE	OIT Internal Review	In Progress	Item	shec/apps/erm/Lstz/Risk Register	
OT02			OIT	1/4/2017	Cyber Information Security		Two-Factor Authentication	two-factor access to Agency systems is not implemented	there is an increased risk of unauthorized access	Use of single factor authentication (login/password)	Increased vulnerability to unauthorized access	Attempted unauthorized access	Medium	Medium	Medium	Mitigate	Use of non-PIV multi factor authentication was enforced for Office 365 global administrators in September 2017 and was rolled out to all users in early FY 2021. PIV 2FA was implemented for all OIT privileged users during FY 2018. Roll-out to all users is planned to initiate in mid FY 2021, as implementation is dependent on removal of all Invetel directory services (near completion) and Windows 10 rollout (expected early FY 2021). Provision of PIV access is also dependent on EEOC's return to on-premise work, as many PIV cards have expired during the pandemic work-at-home restrictions. Depending on pandemic restrictions, PIV deployment may continue into 2021.	FALSE		FALSE		FALSE	OGI/FISMA	In Progress	Item	shec/apps/erm/Lstz/Risk Register	
OT03			OIT	1/4/2017	Cyber information security		Account Management	EEOC does not have automated account management	there is an increased risk of untimely disabling of accounts	The legacy Novell system does not support account management	Manual methods decrease ability to ensure timely account disabling and proactively detect unauthorized or malicious modifications	Attempted unauthorized access	Medium	Medium	Medium	Mitigate	Implementation of Active Directory, Exchange, and Office 365 will support automated account management	FALSE		FALSE		FALSE	OGI/FISMA	Closed	Item	shec/apps/erm/Lstz/Risk Register	
OT04			OIT	1/4/2017	Cyber information security		SCAP Scanning	EEOC does not perform SCAP Scanning	information system configurations may be more vulnerable to risk	Limited monitoring of compliance with Federal core configurations	Increased vulnerability to external threats (hacking)	Cyber attack	Medium	Medium	Medium	Mitigate	Team staff to utilize the SCAP scanning capabilities of our existing scanning tools (2017). Implement enhanced SCAP scanning through DHS COM Task Order 2F program (Spring 2018)	FALSE		FALSE		FALSE	OGI/FISMA	Closed	Item	shec/apps/erm/Lstz/Risk Register	
OT05			OIT	1/4/2017	Cyber information security		HTTPS	Secure https connections are not implemented on public facing websites	there is increased risk of lack of confidentiality in online transactions	Lack of compliance with secure connection requirements	Increased vulnerability to unauthorized access to online communications	Attempted unauthorized access	Medium	Medium	Medium	Mitigate	Mitigated One EEOC website (EEOC Training Institute front page) was not using HTTPS, although the actual registration backend site was using HTTPS. This was resolved and all public sites now utilize HTTPS connections.	FALSE		TRUE		TRUE	Ensure that HTTPS requirements are incorporated into all contracts for public facing systems, including the new Training site	OGI/FISMA	Closed	Item	shec/apps/erm/Lstz/Risk Register

Risk ID	Risk profile rank	Offices	Risk Identification Date	Risk Category	Other Risk Category	Risk Name	Risk Description If	Risk Description Then	Causal Factors	Impacts/Consequence	Risk Trigger	Probability	Impact	Risk Score	Response Action Type	Response Actions	Risk occurred	Risk Closure Date	Implementation of Response Actions	Lesson Learned	Major Risk Closure Status	Notes	Progress	Item Type	Path		
QIT06		3 OIT	1/4/2017	Cyber information Security		Unsupported Software	software applications exceed end-of-life maintenance support	there is increased security and business risk	Use of software beyond end-of-support dates	Increased vulnerability to unauthorized access (security) and increased unavailability of new features and functions (Business)	Cyber attack (security) or need for increased functionality (Business)	Medium	Medium	Medium	Mitigate	OIT has implemented compensating controls to reduce associated security risks (completed) and are taking the below specific actions to replace the technology and limit business risk: - Migrated CFO compliant files from OpenText DMS to N5/Adrecco (completed 2017) - Migrated OGC case files from OpenText DMS to SharePoint (completed 2018) - Migrated EEO-1 outdated DBMS (completed FY 2018) - Upgraded IMS Oracle DBMS and Oracle Forms to updated versions (completed FY 2019) - Upgraded EEOC-GDS to new HW/SW (completed FY 2020) - Migrating user personal (P) drives and office shared drives from Novell to OneDrive and Azure (in process, to be completed in October 2020) - Migrate remaining DMS content and applications to SharePoint (in process, to be completed in Q2 2021) - Migrate iSite to SharePoint (in process, to be completed in 2Q 2021) - Migrate existing Hyperion reports to PowerBI (in process, to be completed in 2Q 2021)	FALSE		FALSE		FALSE	OIG/FISMA and external EEO-1 risk assessment	In-Progress	Item	site/apps/erm/List/Risk Register		
QIT07			OIT	1/4/2017	Cyber information Security		Field Controls	EEOC has not documented security controls specific to field offices	there is increased risk to information systems relative to these controls	Current control documentation does not delineate responsibilities between OIT and field	Field ITS and DBMs may not fully understand their areas of responsibility related to IT Security	Low	Low	Low	Mitigate	OIT is updating security control documentation to outline field responsibilities. Field ITS/DBM training will cover the major control areas.	FALSE		FALSE		FALSE	OIG/FISMA		Closed	Item	site/apps/erm/List/Risk Register	
QIT08			OIT	1/4/2017	Cyber information Security		FEDRA Accounts	FEDRA access is not disabled when a FEDRA office no longer has a valid contract with EEOC	there is increased risk of unauthorized IMS access by the FEDRA EEOC	FEDRA office who previously used IMS no longer has a contract with EEOC	IMS accounts may not be fully disabled	Unauthorized access to the FEDRA IMS data	Low	Low	Low	Mitigate	Procedures implemented to require that ODF formally notify OIT if a FEDRA office no longer has an active account, at which point OIT will disable all accounts and re-assign any open dual-filed charges to the appropriate office.	FALSE		TRUE		FALSE	OIG/FISMA		Closed	Item	site/apps/erm/List/Risk Register
QIT09		4 OIT	11/8/2016	Cyber information Security		Block Unauthorized Devices	EEOC does not block unauthorized devices	there is increased risk of cybersecurity events	Current EEOC technology detects but does not block unauthorized devices	Unauthorized laptop, wireless, or external drives could introduce malware	Reduced protection of IT systems and assets	Medium	Medium	Medium	Mitigate	New technologies have been acquired and are being configured to provide network access control capabilities and block unauthorized devices from connecting to EEOC's network. OIT expects to fully deploy these capabilities in FY 2021.	FALSE		FALSE		FALSE	OIG/FISMA		In-Progress	Item	site/apps/erm/List/Risk Register	
QIT10			OIT	11/8/2016	Cyber information Security		Phishing Exercises	EEOC does not have users participate in exercises focused on phishing	there is an increased risk of malware	No measurement of effectiveness of Security Awareness training	Users more likely to click on malicious links or attachments	Increase risk of malware	Low	Medium	Medium	Mitigate	implemented compensating controls to limit the download and execution of unknown programs to reduce likelihood. DHS offers free phishing exercise/testing, for which EEOC has registered.	FALSE		FALSE		FALSE	OIG/FISMA		Closed	Item	site/apps/erm/List/Risk Register
QIT11			OIT	11/8/2016	Cyber information Security		Trusted Internet Connection (TIC)	EEOC does not participate in TIC	there is decreased network protection	Agency Internet traffic not routed through TIC provider	Full benefits of TIC not obtained	Reduced protection of EEOC network	Low	Medium	Medium	Accept	Due to funding constraints, EEOC has not acquired TIC services. EEOC is participating in related DHS Einstein 3A (E3A) programs and has aggregated all Internet traffic to route through DHS E3A. Full implementation of E3A will follow AD/Outlook migration to achieve additional protections. (COMPLETED)  EEOC will evaluate TIC benefits over Einstein 3A and, potentially, procure these services. (PROGRESS: TIC 3.0 released in 2019. EEOC is working with DHS to deploy sensors required for compliance.)	FALSE		FALSE		FALSE	OIG/FISMA		In-Progress	Item	site/apps/erm/List/Risk Register
QIT12			OIT	11/8/2016	Cyber information Security		Sender Authentication	Incoming EEOC traffic is not analyzed using sender authentication protocols	there is increased risk of spoofing	Current Novell technology does not provide sender authentication	Email traffic not authenticated	Increase risk of malware	Medium	Medium	Medium	Mitigate	EEOC will utilize sender authentication protocols (DKIM) once the Agency is migrated from GroupWise to Office 365. DKIM attaches a new domain name identifier to a message and uses cryptographic techniques to validate authentication	FALSE		FALSE		FALSE	OIG/FISMA		Closed	Item	site/apps/erm/List/Risk Register
QIT13			OIT	11/8/2016	Cyber information Security		Email Embedded Content	Incoming EEOC traffic is not analyzed for embedded content	there is increased risk of malware	Current technology does not provide these capabilities	Email traffic not fully analyzed for malicious links and attachments at the gateway	Increase risk of malware	Low	Medium	Medium	Mitigate	implemented compensating controls to limit the download and execution of unknown programs to reduce likelihood. Additional technology provided through participation in DHS Einstein 3A (email filtering & DNS sink-holing) will help mitigate this risk (COMPLETED)	FALSE		FALSE	n/a	FALSE	OIG/FISMA		Closed	Item	site/apps/erm/List/Risk Register
QIT14		2 OIT	9/1/2019	Compliance		Electronics Record Management	EEOC's records management program and policies remain primarily paper-based	the Agency will not be in compliance with federal electronic records management mandates and related efficiencies will not be realized.	Use of paper-based records management processes.	Non-compliance with federal records management governance and decreased efficiency.	Manual processes	High	Medium	High	Mitigate	Upcoming mandate: By December 31, 2019, all permanent electronic records in Federal agencies will be managed electronically to the fullest extent possible for eventual transfer and accessioning by NARA in an electronic format.  OIG, in conjunction with OIT, program offices, and NARA, must develop policies and procedures that allow for digital and electronic handling of its processes. As an initial step, OIT issued and implemented new Email Retention Policy agency-wide in FY 2019. Work in this area must continue in order to formalize an electronic records management program and meet federal mandates.	FALSE		FALSE		FALSE	Electronic Email Retention Policy issued (COMPLETED FY 2019).	Open	Item	site/apps/erm/List/Risk Register		
QIT15			OIT	9/30/2019	Compliance		Supply Chain Risk Management	supply chain risks are not identified and managed.	there is increased risk of unforeseen issues related to continuity of operations.	Lack of documented supply chain risk management activities	Non-compliance with SECURE ACT mandates and increased continuity of operations risk.	Supply chain disruption	Low	Low	Low	Mitigate	OIT/OEDA to review OIG findings in this area, along with SECURE ACT requirements to develop a plan of action. (COMPLETED) OIT worked with OEDA to incorporate Secure Act requirements into the EEOC Enterprise Risk Management Plan.	FALSE		FALSE		FALSE	OIG FISMA (Cyberscope OIG Section Report, formal finding is pending) Awaiting formal OIG findings.	Closed	Item	site/apps/erm/List/Risk Register	
QIT16			OIT	12/1/2017	Cyber information Security		Automated ERM	ERM processes are not automated	there is decreased program efficiency	Use of manual methods for tracking ERM Program	Decreased ERM Program efficiency.	Manual tracking	Low	Low	Low	Mitigate	OIT worked with OEDA to develop an ERM tool within SharePoint.	FALSE		FALSE		FALSE	System delivered to OEDA.	Closed	Item	site/apps/erm/List/Risk Register	
QIT17			OIT	12/1/2017	Cyber information Security		CSO Role	the CSO and OCIO functions are combined	there is an increased risk of conflict in fulfilling both responsibilities	Inadequate separation of duties	Increased risk of conflict in fulfilling requirements of both the CSO and OCIO functions	Inadequate separation of duties	Medium	Medium	Medium	Mitigate	Received authority to separate the functions and hire a CSO during FY2018.	FALSE		FALSE		FALSE	New CSO selected in late FY 2018 and on-boarded in early FY 2019.	Closed	Item	site/apps/erm/List/Risk Register	
QIT18			OIT	3/1/2016	Cyber information Security		Replacement of Legacy Workstations	Dell workstations are not replaced	the Agency will not be able to complete migration to Windows 10 OS	Legacy Dell workstations can not support Windows 10 OS	Support for Windows 7 ends Jan 2021 (EEOC licensing extended support by one year); failure to migrate our workstations to Windows 10 will result in security vulnerabilities (inability to patch the workstation) or great expense to the Agency to acquire out-of-band patches	Increase risk of malware	Low	High	Medium	Mitigate	Funding was requested at mid-year to acquire new HPs to replace all Dells. Funding to acquire laptops for new hires was received at mid-year, and funds to replace all remaining Dells was provided at end of year. This lowered the probability from Medium to Low.  Microsoft support for Win 7 extended one year due to EEOC-GS licensing, further decreasing risk.  OIT is developing plans to upgrade all HP and Lenovo workstations during FY 2021 to Windows 10. (Deployment of Win10 was initiated in October 2020 and is currently underway).	FALSE		FALSE		FALSE		In-Progress	Item	site/apps/erm/List/Risk Register	
QIT21			OIT	12/1/2017	Cyber information Security		e-Authentication Assessments	e-Authentications are not completed for digital services	there is an increased risk of unauthorized access	Authentication controls may not appropriately secure systems at the level required	Non-compliance with federal records management governance and decreased efficiency.	Unauthorized access	Medium	Medium	Medium	Mitigate	OIT is conducting e-Authentication assessments for major systems.	FALSE		FALSE		FALSE	e-Authentication assessments completed by Information Security Officer. Role-based access enhancements to be incorporated into	Closed	Item	site/apps/erm/List/Risk Register	
QIT67			OIT	12/1/2019	Cyber information Security		USB Blocking	EEOC does not employ an automated mechanism to block USB access	there is increased risk of malware and/or data loss	Unrestricted access to USB devices from laptops	Data loss or introduction of malware	Use of unencrypted or infected device	Medium	Medium	Medium	Mitigate	Deploy automated controls to block USB drive access on both Windows 7 and Windows 10 laptops. (COMPLETED)	TRUE	11/25/2020	TRUE	Event occurred prior to device blocking.	FALSE		Closed	Item	site/apps/erm/List/Risk Register	
QLC03		1 OLC	7/18/2018	Legal		Leadership Succession Gap	Extended permanent Chair vacancy	could result in delay in issuance of EEOC policy guidance	Change in Administration	Investigators may not have sufficient information/direction/updated policy guidance to process changes in novel areas of the law. Employees may not have timely information or updated policy guidance to help promote voluntary compliance in novel areas of the law.	Awaiting Confirmation of Permanent Chair	Medium	Medium	Medium	Mitigate	Staff will continue to work with Acting Chair to provide leadership, direction and guidance until permanent Chair is confirmed.	TRUE		TRUE		TRUE	Chair Ohlson was sworn in as Chair of the Commission on May 15, 2019, ending the period of uncertainty.		Item	site/apps/erm/List/Risk Register		
QLC165		OLC	10/21/2020	Business Operations		Implementation of new FOIA Tracking System Software	If the system does not function properly	Then, it will result in a backlog of FOIA requests.	Design flaws, technical difficulties, lack of staff understanding	It will prevent users from logging and processing FOIA requests and may increase the FOIA backlog of requests.	IT Systems malfunction	Medium	Medium	Medium	Transfer	Staff will standby for OIT staffers to resolve the technical difficulties in order to resume their duties.	FALSE		FALSE		FALSE		In-Progress	Item	site/apps/erm/List/Risk Register		
QLC166		OLC	10/21/2020	Business Operations		COVID-19 FOIA Backlog	If paper records cannot be scanned into the FOIA tracking system for processing	Then FOIA requests with paper files cannot be completed and will be recorded as overdue (backlog).	Unpredictability of shutdowns during the winter months due to public health emergency.	Requesters will not receive timely disclosure, which could influence their ability to exercise their rights.	Pandemic, inclement weather	Medium	Medium	Medium	Mitigate	A staff member will go into scan paper records necessary to complete FOIA disclosures and close the requests in the FOIA tracking system.	FALSE		FALSE		FALSE		In-Progress	Item	site/apps/erm/List/Risk Register		