Office of the Independent Inspector General

"[T]o detect, deter and prevent corruption, fraud, waste, mismanagement, unlawful political discrimination or misconduct in the operation of County government."

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Quarterly Report
1st Quarter 2022

April 15, 2022

OFFICE OF THE INDEPENDENT INSPECTOR GENERAL
Patrick M. Blanchard, Inspector General
69 West Washington Street | Suite 1160 | Chicago, IL 60602 | (312) 603-0350

April 15, 2022

Transmittal via electronic mail

Honorable Toni Preckwinkle
and Honorable Members of the Cook County
Board of Commissioners
118 North Clark Street
Chicago, Illinois 60602

Re: Independent Inspector General Quarterly Report (1st Qtr. 2022)

Dear President Preckwinkle and Members of the Board of Commissioners:

This report is written in accordance with Section 2-287 of the Independent Inspector General Ordinance, Cook County, Ill., Ordinances 07-O-52 (2007), to apprise you of the activities of this office during the time period beginning January 1, 2022 through March 31, 2022.

OIIG Complaints

The Office of the Independent Inspector General (OIIG) received a total of 204 complaints during this reporting period.[1] Please be aware that 17 OIIG investigations have been initiated. This number also includes those investigations resulting from the exercise of my own initiative (OIIG Ordinance, Sec. 2-284(2)). Additionally, 73 OIIG case inquiries have been initiated during this reporting period while a total of 91 OIIG case inquiries remain pending at the present time. There have been 76 matters referred to management or other enforcement or prosecutorial agencies for further consideration. The OIIG currently has a total of 49 matters under investigation. The number of open investigations beyond 180 days of the issuance of this report is 22 due to various issues including the nature of the investigation, availability of resources and prosecutorial considerations.

OIIG Summary Reports

During the 1st Quarter of 2022, the OIIG issued 11 summary reports. The following provides a general description of each matter and states whether OIIG recommendations for

[1] Upon receipt of a complaint, a triage/screening process of each complaint is undertaken. In order to streamline the OIIG process and maximize the number of complaints that will be subject to review, if a complaint is not initially opened as a formal investigation, it may also be reviewed as an "OIIG inquiry." This level of review involves a determination of corroborating evidence before opening a formal investigation. When the initial review reveals information warranting the opening of a formal investigation, the matter is upgraded to an "OIIG Investigation." Conversely, if additional information is developed to warrant the closing of the OIIG inquiry, the matter will be closed without further inquiry.

remediation or discipline have been adopted. Specific identifying information is being withheld in accordance with the OIIG Ordinance where appropriate.[2]

IIG19-0527. The OIIG opened this investigation after receiving information regarding the County's acquisition of the Blue Island Health Center (Blue Island Clinic) located at 12757 S. Western Avenue in Blue Island. It was asserted that County employees negotiated a lease with a real estate developer (Developer) and that the Developer hired his construction company (Contractor) as a sole-source contractor to do the buildout. It was also noted that County employees negotiated the lease and buildout of the property before the Developer purchased the building in question. It was also asserted that County officials requested the Board to exercise the option to purchase the property only a few months after the Board approved the lease with the Developer and that County officials were not forthright on how they found the property along with other details involving the transaction.

This investigation included the review of meeting minutes related to Cook County Health (CCH), the Cook County Board and the Asset Management Committee (AMC), over 5,000 emails of a high ranking official in the Cook County Real Estate Department (Real Estate Official), over 2,000 documents produced by Cook County's Real Estate Broker and Appraiser, Comptroller documents pertaining to payments made to the Developer, and corporate records and property appraisals. This office also listened to the closed session for the September 25, 2019 AMC meeting in which the County Board discussed the proposed option to purchase and interviewed employees of the County's Broker and Appraiser, a CCH official, and the County Real Estate Official.

The preponderance of the evidence developed by this investigation revealed that CCH employees held negotiations without any Department of Real Estate or brokerage firm representatives and engaged a developer who secured a purchase contract on a building and negotiated a construction schedule and budget. This is supported by the fact that the Developer presented all of these items, along with a proposed lease, within eleven days of the Cook County Real Estate Official and the CCH's initial viewing of the property on June 4, 2018.

The evidence further revealed that the County employees involved in the project always intended to purchase the property as demonstrated by the fact that the County, through the Real Estate Official, insisted on including the option to purchase clause in the lease, budgeting the purchase of the property in the Capital Improvement Plan in the 2019 budget presented before the Real Estate Official submitted the lease for approval, and taking steps to convert the lease into a purchase on March 19, 2019, only four months after the County Board approved the ten-year lease. The Real Estate Official sent an email to a CCH Deputy CEO on August 9, 2018 and three months before she brought the lease to the Board for approval revealing that the Real Estate Official was keenly aware of the financial benefits of purchasing the property before bringing the lease to the

[2] Please note that OIIG Quarterly Reports pertaining to the Metropolitan Water Reclamation District of Greater Chicago (MWRD) are reported separately. Those reports can be found at https://www.cookcountyil.gov/service/metropolitan-water-reclamation-district-greater-chicago.

Board.[3] Upon being asked by a commissioner in the September 25, 2019 closed session of the AMC meeting why the County did not just purchase the property outright for $685,000 when it was on the market, the Real Estate Official admitted that she would have had to go through the procurement process to retain all of the professionals necessary to build out the property.

Section 34-122 of the Cook County Procurement Code states that "[a]ll procurements by any Using Agency of Cook County shall be made by the Chief Procurement Officer" and Section 34-135 states that "[a]ll County procurements shall be made pursuant to the appropriate procurement method set forth in the Code." This office has determined that CCH officials, with the full support of the Real Estate Official, structured the real estate transaction purchase as a lease to evade the County's and CCH's procurement processes believing that it would expedite the acquisition and buildout.

In addition to the requirements of the Procurement Code, Section 2-362 (b) of the Real Estate Management Division Ordinance provides:

> Unless the purchase price is $50,000 or less, no real estate shall be purchased by the County unless two written independent fee appraisal reports have been first obtained and presented to the County Board.

In this case, the evidence revealed that the Real Estate Official relied on and presented two appraisals to the County Board, one of which was generated by the County's Broker for the lease and purchase of the building. As the Broker's commission was based on the sale price, it held a financial interest in the transaction. Therefore, the Broker's appraisal was not independent. Although the evidence revealed that the Real Estate Official asked to include an express disclosure in the engagement agreement that the Broker served as the County's Broker, we do not believe that the disclosure cures the conflict of interest and certainly cannot justify a violation of Section 2-362. As such, the purchase of 12757 S. Western violated Section 2-362(b) of the Real Estate Management Division Ordinance.

Also at issue in this case is the County Ethics Ordinance. Cook County Code, Sections 2-571(4) and (5) provide that employees owe a fiduciary duty to the County by conducting business in a financially responsible manner and protecting the County's best interests when contracting outside services. Here, the evidence demonstrated the following:

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[3] On August 10, 2018, the Real Estate Official said in an email to the CCH Deputy CEO: "Definitely more advantageous to purchase than lease. At $15 mm, based on the numbers I believe this is the best option. I've gotten numbers from Capital Planning consultants and for the most part it looks like the building should be coming in around $13 mm. Through the purchase we will save expense from the R[eal] E[state] taxes and additional compensation."

- That the Real Estate Official presented the lease to the Board knowing that the Developer was going to perform the construction with his own company;

- That the Real Estate Official admitted (to the AMC and this office) that if the County purchased a building outright, she would have had to go through the competitive bid procurement process;

- As demonstrated by her email to the CCH Deputy CEO on August 10, 2018, the Real Estate Official presented the lease to the Board of Commissioners knowing that she intended to take steps to purchase the building following the approval of the lease;

- That the lease entered into by the County as a "credit-worthy tenant" substantially increased the value of the building and the Real Estate Official did this while knowing that she intended to ask the Board to exercise the purchase of the property;

- That the Real Estate Official failed to advise the AMC on September 25, 2019 that CCH paid $1,853,992.69 in extra scope of work above and beyond the purchase price;

- That appraisers employed by the County's Broker changed the appraised value from $15.1 million to $15.3 million four months after it issued its initial appraisal and only after someone asked the appraisers to increase the appraisal to justify the higher sales price requested by the Developer;

- That the Real Estate Official relied on two appraisals, one of which was obtained through the Developer's appraisal company before the Developer purchased the property and one which was prepared by the County's Broker, as discussed above, who held a financial interest in the transaction.

For these reasons, we believe that the Real Estate Official breached her fiduciary duty to the County to conduct all business on behalf of the County in a financially responsible manner.

Although many CCH individuals also participated in the transaction that took place, we believe that the Real Estate Official bears the ultimate responsibility in the mishandling of this transaction. Section 2-361 (a) of Article V provides the Real Estate Management Division the exclusive authority "to negotiate and make recommendations for the purchase or lease of any and all real estate, or any interest therein, necessary for the uses of the County." As a high ranking official for the Real Estate Management Department, the Real Estate Official had the exclusive authority to present real estate leases and purchases to the Board and, without her efforts, CCH would be unable to follow through in its dealings with the Developer. The Real Estate Official failed to ask questions important to this transaction when it was presented to her including, but not limited to, how the Developer knew that the County and CCH had been looking for real estate, the parameters of what they had been looking for and who the Developer had been talking with to secure such a detailed construction budget and schedule.

The Real Estate Official also failed to fully inform the Asset Management Committee on how the property came to her. The Real Estate Official stated that the brokers handled all of the negotiations when the evidence revealed that the County's Broker was actually directed to look at the Blue Island Property and that the terms of the letter of intent, lease, construction details, and property use had already been negotiated before the Broker was brought into the negotiations.

In addition to the issues with the County Real Estate Official, the evidence revealed that the County's Broker offered no guidance on the important issue of how an executed lease by the County would impact the value of the building upwardly, knowing that the County would likely exercise the purchase option the Broker negotiated into the lease. The evidence further revealed that the Broker was ineffective in finding a replacement property for Oak Forest Hospital as demonstrated by the duration of the search, which began in May of 2016 and did not conclude until CCH found the Blue Island Clinic in around March of 2018, and by the fact that the Broker did not identify the building at 12757 S. Western Avenue, which had been available during this time.

Based on the foregoing, this office recommended:

1. That the County issue discipline against the subject County Real Estate Official for violating Sections 2-362(b), 2-571(4) and (5), 34-122 and 34-135 of the Cook County Ordinances and Personnel Rules 8.2(b)(13) and 8.2(b)(33).

2. That the County reconsider the Broker for any additional brokerage services due its poor performance in this transaction.

These recommendations are currently pending.

IIG20-0728. This policy review was initiated by the OIIG jointly with the Forest Preserves Director of Compliance and consisted of an analysis of the practice utilized by the Cook County Forest Preserves Police Department (Department) to maintain certain sustained administrative and/or court determinations of misconduct involving its officers and the method used to communicate those determinations to prosecuting agencies should an officer's history of misconduct become relevant in any matter being prosecuted.

In specific terms, the review focused on the Department's compliance with its obligations pursuant to the 1972 Supreme Court case entitled *Giglio v. United States,* 405 U.S. 150. By way of background, prior to *Giglio,* the Supreme Court had held in *Brady v. Maryland,* 373 U.S. 83 (1963), that the rights of an accused established under the Due Process Clause of the Fourteenth Amendment are violated when the prosecution "withholds evidence on demand of an accused which, if made available, would tend to exculpate him or reduce the penalty." In *Giglio,* the Court clarified that *Brady* material, the material that is subject to disclosure by the prosecution, includes information or material that may be used to impeach the credibility of prosecution witnesses, including District police officers who may be called as a witness in a prosecution. Impeachment

evidence includes an officer's character for truthfulness. Therefore, information that could be used to challenge an officer's character for truthfulness must be made available in the prosecution. For example, disclosure would be mandated if information exists that a Department officer has been (a) disciplined for falsifying a document or record in the course of their duties or (b) has been the subject of a court determination that the officer has provided false testimony (sometimes referred to as "*Giglio* impairment").

The prosecutor is ultimately responsible for assessing potential *Giglio* information and disclosing *Giglio* information in a prosecution. However, it is the responsibility of the Department, as with all law enforcement agencies, to have a policy or procedure in place to identify, maintain and appropriately communicate *Giglio* information in a Department related prosecution.

This review consisted of analyzing data provided from the Department pertaining to its tracking of instances of officer misconduct, reviewing any written policies on the same issue and conducting interviews with representatives of other small and medium sized police departments in the Chicago area to determine the policies in place at those departments as it relates to complying with the requirements set forth in *Giglio v. United States*.

Information was requested from the Department identifying all instances in which there was a finding by a court or prosecuting agency that a District officer was *Giglio* impaired within the preceding three years. The Department was also asked to provide its current policy which is used to identify officers that may be subject to a finding of *Giglio* impairment and how such information is communicated to prosecuting agencies. The Department stated that, within the last three years, there have been no findings by any court or determination by prosecuting agencies that any officer of the Department was or is *Giglio* impaired. The Department stated it does not currently have a formal written policy to identify, document and communicate to prosecutorial agencies any information suggesting an officer of the Department may be *Giglio* impaired. The Department added that Cook County Forest Preserves Police Department - Regulation 135 requires all officers to be truthful in connection with their duties and states, "No employee shall willfully depart from the truth, either in giving testimony or in connection with any legal, official order received."

The Department maintains a list of all sustained findings of misconduct against any Department officer and produced that list as part of this inquiry. The Department stated it responds to any prosecutor's request for information concerning an officer's record related to truthfulness, including potential violations of Regulation 135.

We found that the method by which the Department documents and maintains information pertaining to disciplinary incidents involving its officers is consistent with the practices of other similarly situated police departments. The Department follows a process in which the conduct of police officers found to have violated Department policy or otherwise engaged in inappropriate behavior is maintained and communicated to the appropriate prosecuting agency when requested.

We recommended, however, if the Department has not already done so, that the established process utilized by the Department to meet its obligations under *Giglio v. United States* become memorialized in an official policy or regulation of the Department.

This recommendation is currently pending.

IIG20-0795. This investigation relates to alleged unusual business practices in connection with grant funds of the COVID-19 Alternative Housing Program for Recovering Patients, Health Care Professionals and First Responders (the "Program") administered by the Cook County Department of Emergency Management and Regional Security (EMRS). A complaint received by the OIIG alleged that the invoices submitted by the County Attendant who was responsible for providing services to participants of the Program contained excessive and/or fraudulent billings.

Background

On March 17, 2020, the President of the Cook County Board of Commissioners declared a State of Emergency related to the COVID-19 crisis, which activated the emergency powers of EMRS. Pursuant to the Cook County Code of Ordinances, Section 26-39, EMRS was authorized to procure services, supplies, equipment, or material as deemed necessary in view of the exigency without regard to the statutory procedures or formalities normally prescribed by law and County ordinance pertaining to County contracts, obligations, the employment of temporary workers, and the appropriation, expenditure, and disposition of public funds and property. On May 29, 2020, EMRS entered into a contract with a local hotel ("Hotel") to provide guest rooms and food and beverage catering services. The OIIG considered the contract to ascertain the duties and responsibilities required of the County Attendant pursuant to the terms outlined in the contract. In addition, the OIIG reviewed billing invoices and supporting documents submitted by the Hotel to EMRS for services provided by the County Attendant and conducted numerous interviews of involved individuals.

EMRS Contract with the Hotel for Services Provided by County Attendant

The OIIG's review of the contract revealed that the County Attendant was required to be on staff during certain days, including when hotel tenants were present. *Section V. Hotel Services part (b)* of the contract states, among other things, that whenever any of the rooms are occupied by tenants, County shall have a County employee or County Attendant on site 24 hours per day 7 days per week. *Section V. Hotel Services part (g)*, states, in part, "[c]ontractor employs security guards at the Hotel nightly from 10:30 p.m. to 6:30 a.m. and employs shift managers on duty at all other hours to serve as security personnel for the Hotel. County Attendant will act as security for the segregated areas where the rooms are located and the Hotel employees will not enter those areas."

Section V. Hotel Services part (j) defined the County Attendant as a person employed by the Contractor who was referred by the County to perform certain obligations of the County under

the Agreement and attend to the medical and other needs of the tenants of the rooms and the segregated hotel common areas adjacent to the rooms. The contract also stated that the County Attendant was responsible for the needs of the tenants of the rooms 24 hours per day, 7 days per week. The contract further stated that the Contractor [Hotel] shall not be liable for the performance or the acts or omissions of the County Attendant. The County shall reimburse Contractor for the cost of employing the County Attendant at the rate of $25.00 per hour.

Billing Invoices Submitted by the Hotel to EMRS

In response to our request for invoices submitted by the Hotel for services performed by the County Attendant, EMRS provided a file entitled Combined Manager Invoices, which contained 407 pages of invoices and supporting documents for meals, hotel room provided to the County Attendant, time sheets completed by County Attendant and corresponding wage/payroll invoices.

The invoices were submitted by the Hotel and paid by EMRS. The OIIG reviewed all the invoices tendered by EMRS. During its review, the OIIG separated and summarized the meals and hotel room invoices to ascertain the amounts EMRS paid for each service. Our review revealed that from May 29, 2020 when the contract began through January 30, 2021, the last invoice date, EMRS paid $23,370 for the County Attendant's hotel room. With regard to meals, we noted that from May 30, 2020 through January 30, 2021 EMRS paid $11,820 to reimburse the Hotel for meals provided to the County Attendant.

Our review of time sheets and related payroll invoices revealed that during the period of May 29, 2020 through January 30, 2021 (247 days), the County Attendant submitted time sheets which documented that she worked 24 hours, 7 days per week. OIIG calculations revealed that the County Attendant worked 5,928 hours continuously for 247 days and earned a gross salary totaling $148,200 during the relevant period. In addition to and as part of the County Attendant's gross salary earnings, EMRS paid $11,337.30 in employer social security tax, and $201.60 and $100.80 in federal and state unemployment tax, respectively.[4] Based on the information provided by EMRS, the OIIG calculated that from May 29, 2020 to January 30, 2021, EMRS paid the hotel $195,029.70 for services provided by the County Attendant. The table below summarizes the amounts paid:

[4] Pursuant to Section XII of the contract, the contractor is an independent contractor for all purposes arising out of the agreement and not an employee of County or any related governmental entity. Based on the foregoing section of the contract, it is unclear why EMRS paid employer social security taxes on the wages of the County Attendant who was an employee of the Hotel (contractor).

Total Paid by EMRS for Services of County		
Total Wages Paid	$	148,200.00
Employer Social Security Tax	$	11,337.30
Federal Unemployment Tax	$	201.60
State Unemployment Tax	$	100.80
Hotel	$	23,370.00
Meals	$	11,820.00
Total	**$**	**195,029.70**
Services from 5/29/2020 to 1/30/2021.		

Daily Activity Reports

The daily activity reports documented various data which included among other things the number of rooms available, number of rooms occupied by COVID positive tenants, number of rooms occupied by respite, number of rooms vacant, dirty, or clean, and also included a summary of significant activity or events that transpired during the day which were deemed reportable by EMRS staff, the Hotel, and the County Attendant. We reviewed all the daily reports tendered to determine whether the production was complete and whether tenants occupied a room which would have necessitated the County Attendant to be present on that date. Our review revealed that 136 of 247 (55%) of daily reports were missing during the period under review.

In response to our inquiry, EMRS Deputy Director of Finance ("EMRS Finance") advised that the missing reports "[w]ere never formally required by any contract, memorandum, or agreement. Rather, they were developed by the County Attendant, at the request of EMRS, as an informal means to help EMRS both track PPE usage by the Alternative Housing Program's clientele and plan PPE/equipment shipments to the hotel. These informal reports were also used to identify needs for additional support items like pulse oximeters and thermometers as the program's client population ebbed and flowed." EMRS Finance provided details surrounding the 136 missing daily reports and stated, "[i]n response to the request, EMRS discovered the following: 1.) No reports generated on weekends and holidays (31 daily reports); 2.) No reports generated if no one is in housing (18 daily reports) 3.) No reports generated by the County Attendant (80 daily reports); 4.) Additional reports were located (7 daily reports)."

Interview of Back-up to Alternate Housing Manager

The back-up to Alternate Housing Manager ("Back-up Manager") said that her employment at the Hotel was limited to approximately 12 days. During those 12 days, her work hours consisted of two and a half to three hours. She stated that her interactions with hotel employees were very "casual." She explained her duties involved greeting patients transported by ambulance to the hotel, escorting them to a room and delivering meals to their rooms.

The Back-up Manager stated the Hotel work environment was toxic, which she attributed to the negative interactions she had with County Attendant. She said that the County Attendant worked 24 hours seven days a week for six months and appeared to display signs of exhaustion. The Back-up Manager surmised that due to the number of hours she worked, the County Attendant was often irritated when she asked questions or offered suggestions to improve the workflow. She described an incident wherein the County Attendant became irate and threatened her with throwing a computer at her. The Back-up Manager said the abusive behavior on the part of the County Attendant also affected the care of patients who resided at the hotel temporarily. She alleged witnessing incidents wherein the County Attendant verbally abused patients.

Interview of EMRS Critical Infrastructure Manager and COVID-19 Housing Branch Chief

During the interview, the OIIG referred EMRS Critical Infrastructure Manager and COVID-19 Housing Branch Chief ("EMRS Housing Chief") to the subject contract. Pursuant to *Section I. (Services Provided)* of the agreement, the Hotel was engaged to provide Hotel guest rooms, food and beverage catering services and associated services. In addition, *Section V. J (County Attendant)* states, "[t]he Hotel is required to employ a person referred by the County who satisfies the County's standards to perform certain obligations of the County… and attend to the medical needs of the tenants of the rooms within the rooms and the segregated Hotel common areas adjacent to the rooms. The County Attendant shall be responsible for the needs of the tenants of the rooms 24 hours per day, 7 days per week …." He was asked to describe his involvement in carrying out provisions in the agreement pertaining to County operations at the Hotel. The EMRS Housing Chief stated he collaborated with the Cook County Department of Real Estate Management Director and an outside real estate agent for the County to search and survey potential hotel locations to temporarily house individuals under the Program for persons affected by COVID-19. He advised the Program provides housing to COVID-19 infected, potential exposed to COVID-19 and respite.

The EMRS Housing Chief was asked if he supervises Cook County employees who worked at the Hotel. He responded in the negative and stated their work at the Hotel generally involved collaborating to find solutions to problems they identified.

The OIIG asked the EMRS Housing Chief to explain further the role of the County Attendant. He said the County Attendant and Alternative Housing Manager refer to the same job titles. Upon being asked if he had supervisory responsibilities over the job duties of the County Attendant, he responded in the negative. He said the Cook County Department of Public Health has oversight responsibilities regarding the day-to-day work duties of the County Attendant. He advised his responsibilities regarding the County Attendant are limited to providing supplies including water and personal needs. The EMRS Housing Chief said the Hotel is responsible for hiring and firing the County Attendant and advised that the County Attendant was hired by the Hotel due to "limitations of the County hiring a person, *i.e.*, *Shakman* Ruling." He was advised that section V.J specifically states, "Contractor shall not be liable for the performance or the acts or omissions of the County Attendant." He was further advised the noted language appeared to

contradict his statement concerning the Hotel's role in hiring and firing the County Attendant. He was also advised that the agreement did not contain language to specifically assign oversight and/or supervisory responsibilities concerning the work of the County Attendant. The EMRS Housing Chief said he was not involved in writing the terms of the agreement and advised the OIIG to contact the EMRS Attorney involved in the process ("EMRS Attorney").[5]

The EMRS Housing Chief stated that the County Attendant is the only County Attendant to work at the Hotel full-time since the beginning of the agreement. He related that sometime in June 2020, he contacted the Cook County/City of Chicago Workforce and attempted to find additional staff to assist the County Attendant. He said the intention was to hire them to work one or two days per week to allow the County Attendant to take days off from work. The EMRS Housing Chief stated that it was difficult to hire and retain temporary workers. He related that several temporary workers were sent to the Hotel, but they either did not show up to work or worked only a few days and never returned. The EMRS Housing Chief stated that he also contacted the City of Chicago to solicit potential employees and several were sent to the Hotel but they did not show up to work or quit. He surmised that the reason for not being able to retain them was attributed to the work schedules and the limited number of hours they were given.

The OIIG advised the EMRS Housing Chief that the Back-up Manager had provided investigators with copies of emails wherein she had contacted him to voice her concerns regarding the negative working conditions at the Hotel. He was further advised the emails showed that she complained about the County Attendant working excessive hours which appeared to impact the quality of her work and the overall work environment at the Hotel in a negative manner. The EMRS Housing Chief said he communicated the concerns outlined by the Back-up Manager to EMRS leadership. He reiterated the fact that he had previously informed the Back-up Manager that the employment matters she was concerned with needed to be directed to the Hotel General Manager.

According to the EMRS Housing Chief, the County Attendant had worked 24 hours per day, seven days per week since June 2020 at the rate of $25 per hour. He said that sometime in October or September 2020, he was concerned the County Attendant was "burned-out." He stated further that her mannerisms appeared to display signs of stress and exhaustion which may have affected her interactions with others at the Hotel. Consequently, he and the EMRS Regional Manager for Planning ("EMRS Planning Manager") visited the Hotel on several occasions and advised her to go home and get some rest while they covered her shift. He was unsure whether she clocked out during the times she was told to leave and take breaks. The EMRS Housing Chief said that he later learned that the County Attendant was not leaving the Hotel premises when she was told to go home. Instead, she would go to her room at the Hotel and sleep.

[5] As noted in Section V.J of the agreement, the Hotel was required to employ the County Attendant. In the same Section, the agreement provides the Contractor (Hotel) shall not be liable for the performance or the acts or omissions of the County Attendant. Based on the foregoing language, it appears the Hotel was the intended employer but was not responsible for the work of the employee.

Interview of Involved EMRS Attorney

The involved EMRS Attorney confirmed that he was responsible for drafting the contract between EMRS and the Hotel. He was asked whether the provisions of the contract dictated that only one County Attendant was hired by the hotel. He said that he believed the initial terms of the contract referenced to hiring one person and therefore may have provided for the employment of one County Attendant. The EMRS Attorney said that he was involved in discussions to amend the contract and include provisions allowing to hire additional attendants. However, he was not certain if a contract amendment was formalized which would have allowed hiring additional attendants. The EMRS Attorney was asked if there were any efforts on the part of EMRS to hire additional staff to assist the County Attendant. He said that under the initial contract there was not.

The OIIG referred the EMRS Attorney to Section V.J of the agreement, which describes the hotel services provided by the County Attendant. He agreed the Hotel was required to employ the County Attendant. He further agreed that the Hotel was not liable for the performance or the acts or omissions of the County Attendant. He was asked to explain the forgoing contract language which appeared to designate Hotel as the employer, while providing that it was not responsible for the work of the employee [County Attendant]. The EMRS Attorney said, "I did not draft that…I am not the originator …I may have tweaked it." He added that the aforementioned language in the contract pertained to "programmatic matters," which he was not part of. He further stated that operational concerns regarding service levels, "come from the operational folks." He commented that he viewed his role in drafting the contract more like a procurement function.

The EMRS Attorney was asked to explain why there was not language included in the contract specifically assigning oversight concerning the work of the County Attendant. He said he could not offer an explanation pertaining to that matter. The EMRS Attorney was advised that the evidence reviewed by the OIIG demonstrated that the County Attendant was allowed to work 24 hours 7 days per week for 247 consecutive days, even when EMRS management repeatedly instructed her to go home and rest. He was asked to explain why she was allowed to work the noted schedule. The EMRS Attorney said he did not administer the contract and therefore could not offer an explanation regarding the hours she worked.

The OIIG advised the EMRS Attorney that EMRS paid invoices submitted by the Hotel which included employer social security tax and federal and state unemployment taxes. He was also advised that there was not a provision in the contract to specify that EMRS was responsible for paying such taxes. Moreover, Section XII. Independent Contractor, specifies the contractor [Hotel] is an independent contractor for all purposes arising out of the agreement and not an employee of County or any related governmental entity…." The EMRS Attorney said he was not sure why EMRS paid the employer taxes but surmised that the Hotel was passing the costs to the EMRS.

OIIG Findings and Conclusion

We recognize that pursuant to Section 26-39 of the Cook County Ordinances, EMRS was not required to follow statutory procurement procedures or other formalities pertaining to contracts due to the exigent circumstances created by the COVID-19 crisis. We also recognize the difficult and unprecedented challenges EMRS was facing in a rapidly changing environment. Notwithstanding, EMRS should have taken necessary action to ensure the contract adequately protected county assets and provide assurance that government funds and resources were used in a financially responsible manner.

The evidence developed during this investigation established that EMRS's failure to include appropriate contract language led to the execution of a contract which required the Hotel to fictionally "employ" the County Attendant in contravention to a provision in the contract which effectively negated the Hotel's oversight authority over the work performed by the County Attendant. The failure to assign oversight of the County Attendant's job responsibilities allowed the County Attendant to work 24 hours per day 7 days per week for 247 consecutive days even when she was instructed by EMRS management to leave the Hotel and take time off. We believe EMRS should have taken a more proactive role in reviewing the invoices that were submitted by the Hotel for services provided by the County Attendant. In doing so, questions could have been raised regarding the hours worked by one individual 24 hours per day, 7 days per week and whether paying $195,029.70 for salary, meals, and hotel services, was prudent and a good use of government resources.

OIIG Recommendations

Based upon the foregoing, we recommended the following:

1. EMRS should implement a contract review process that ensures all contractual provisions accurately reflect the intent of EMRS as a whole and ensure its terms support the County's best interest when contracting for outside services.

2. EMRS should strengthen the process by which invoices submitted by contractors are reviewed prior to payment. In doing so, EMRS should ensure that the invoices are reasonable and relate to contract terms. Such a process would also enable timely corrective action when required.

These recommendations are currently pending.

IIG21-0158. This investigation relates to a tax assessment appeal filed with the Cook County Assessor's Office (CCAO) for a certain property located in Chicago. The appellant of the subject property had previously sought relief from the CCAO and was denied. After the denial, the appellant was granted reductions in assessed value. The OIIG initiated a review of information submitted by the appellant to the CCAO to determine whether the granting of the reduction was

consistent with the CCAO's own rules, including CCAO Official Appeal Rule #26: *The CCAO will not accept requests for Re-review of its 2020 Assessed Valuation Appeal Decisions*.

The preponderance of evidence developed during this investigation established that the CCAO processed an assessment appeal by way of a Re-review in violation of CCAO Rule 26. More specifically, on December 3, 2020, the Director of Commercial Valuations (Director) instructed a Group Leader to process the subject assessment appeals on Re-review even though the CCAO had previously updated Rule 26 on May 18, 2020, effectively precluding the CCAO from accepting appeals on Re-review.

Moreover, our investigation revealed that after the appeal was denied and reconsidered under the Re-review process, the Certificates of Error (COE) for 2016 to 2019 and Certificate of Correction (C of C) for 2020 were not re-submitted to the analyst for further analysis. Instead, the Director relied solely on the appraisal submitted by the appellant and placed significant weight on the appraisal conclusions and then directed the Group Leader to "create COEs with values that tie to the respective appraisal years," and he also approved the C of C for 2020 based on the same appraisal conclusions. The Director's contention that the CCAO used its own judgment and experience to reach the final assessed value was not supported with any documented evidence despite reducing the Fair Market Value (FMV) by more than $10 million dollars cumulatively for tax years 2016 to 2020. Furthermore, there was no evidence of a substantive review of the appeal files on the part of the Director, which according to another CCAO employee, would have been expected based on the large dollar reductions.

Additionally, the approval process concerning C of Cs and COEs is not formally documented in a written policy or standard operating procedure. As a result, we noted that the Director, who is a senior manager, was unable to articulate a clear response regarding the approval process concerning C of Cs. Upon further inquiry by this office, he had to clarify his position regarding who at the CCAO had final authority to approve a C of C. Ultimately, he confirmed that he and another director had signature authority to approve the C of C for the subject property. However, the other director did not agree and stated that his signature did not signify he had conducted a review of the appeal and was simply a required perfunctory step in the process with which he simply complied.

Based on the foregoing, we recommended the following:

1. The CCAO should assess its internal control environment in relation to the processing of tax assessment appeals (audit trail and segregation of duties) and the manner in which the Director of Commercial Valuations circumvented the assessment process in violation of CCAO Rule 26. The CCAO should also counsel management and relevant employees of the importance of adhering to established rules and to prohibit action outside of the established process. In addition, the CCAO should initiate necessary disciplinary action when such conduct occurs.

2. In the event the CCAO elects to reinstitute a policy to "re-evaluate," "re-review" or provide a "second look" as part of the appeal review process, it should develop adequate internal controls whereby appeals denied and subsequently re-considered are assigned to an analyst with the purpose of having analysts conduct independent and substantive reviews of the evidence submitted by the appellants. Important to the implementation of such a re-evaluation process is the existence of documentation providing the reasoning supporting final decisions of the office. This information should be maintained in the system for audit trail purposes. We believe that this step is necessary to ensure objectivity and transparency in the process.

3. In conjunction with recommendation number 2 and considering the cumulative FMV reduction in excess of $10 million granted to the subject property, the CCAO should undertake an internal assessment of that appeal. The review should be conducted by an analyst with the ability to review the evidence thoroughly and independent of the previous appeal reviews to ascertain whether the additional appeal evidence should have been considered and whether the reductions granted by the CCAO in connection with the C of C and COEs were properly justified based on the evidence submitted. In addition, the CCAO should take any action deemed necessary should the review reveal the reductions in assessment value were unwarranted.

4. The CCAO should develop standard operating procedures and applicable written policies setting forth the reporting structure and designated signature authorities and responsibilities for individuals charged with signatory authority. Additionally, the CCAO should provide additional training and guidance on the importance of only signing appeal documents when the party required to sign is integrally involved in the subject matter appeal or possesses other management oversight responsibilities related to the appeal being approved.

5. The notion that a custom or practice of "Re-review" or "second look" of a decided appeal exists and is not clearly established as part of the appeal process suggests that the process is only available to "insiders" or to those who have experience in CCAO matters. We recommend the CCAO either eliminate the practice entirely or, if it elects to reinstitute such a practice, establish it by rule or clearly written policy that is widely published so all taxpayers can avail themselves of this important governmental function.

These recommendations are currently pending.

IIG21-0360. This investigation was initiated based on a complaint alleging that a Cook County Facilities Management Department (FMD) Operating Engineer was observed on several occasions wearing a handgun in an ankle holster while working inside a Cook County Courthouse. It was further alleged that the subject Operating Engineer was intentionally shutting down the facility's lights and climate control equipment (HVAC System) outside the time schedule

established by Administrators and FMD policies. The complainant alleged that the subject Operating Engineer was shutting the equipment down so that he could leave the facility and not have to worry about a malfunction and/or he was leaving the facility and returning to shut the equipment down after the established time parameters for doing so.

This investigation consisted of witness interviews, review of screenshots from the diagnostic reports, review of courthouse kilowatt hours (kwh) usage reports, courthouse site surveillance, review of the subject Operating Engineer's grievance form, review of email correspondence, review of the subject Operating Engineer's Daily Duty Logs, review of chiller logs and review of the engineer's office logbook.

The preponderance of the evidence developed during this investigation supports the conclusion that the subject Operating Engineer has consistently shut down elements of the climate control system in the courthouse without authority or justification. The Operating Engineer's actions violate the principle of "Life Safety" which is a County policy that focuses on the health, safety, and comfort of the tenants of County facilities. The evidence illustrates that the Operating Engineer was regularly shutting down equipment early and on occasion much later than scheduled times. The evidence further revealed that two other Operating Engineers also shut down the equipment on several occasions. Central to the issue of the early or late shutdowns is the apparent lack of supervision during the afternoon and overnight shifts. No higher-level operating engineers are on duty during these shifts, which makes oversight and scrutiny of the other engineers superficial at best. The oversight on the afternoon and overnight shifts is limited to an occasional telephone call. Furthermore, the evidence demonstrates that supervisors lack the awareness and knowledge on accessing and reviewing the diagnostic software to review the operational integrity of the HVAC system. The evidence also revealed that no supervisor was assigned to the subject Courthouse for a ten-month period. Furthermore, although insufficient evidence exists to corroborate that the subject Operating Engineer possessed a firearm in the Courthouse, the preponderance of the evidence does demonstrate that no security protocol currently exists to prevent operating engineers from entering the facility with a weapon. Operating engineers often begin and end their shifts prior to or after facility security arrives or leaves. Furthermore, due to the nature of their duties, operating engineers have unlimited access to the facility and can enter through areas that are not monitored or secured. These factors create a breach of security without any notable deterrence mechanism.

Based on our findings, we recommended the following:

(1) The FMD should issue significant discipline to the subject Operating Engineer for the multiple violations of the "Life Safety" principle and for creating significant exposure to the County for the potential harm and discomfort posed to the tenants of the Courthouse.

(2) The FMD should issue appropriate discipline to the other two operating engineers for their violations of the "Life Safety" principle and for creating significant exposure to the County for the potential harm and discomfort posed to the tenants of the Courthouse.

(3) The FMD should provide training for all higher lever operating engineers on the use of equipment monitoring software and mandate consistent monitoring and review of the turn on and shut down times of the climate control equipment.

(4) The FMD should require operating engineer supervisors to conduct random and routine inspections of the facilities on afternoon and overnight shifts to ensure compliance of all policies and procedures.

(5) The FMD should coordinate with the Cook County Sheriff's Office to establish and implement an appropriate security protocol to monitor/screen operating engineers and/or to implement other appropriate measures of deterrence.

These recommendations are currently pending.

IIG21-0419. This investigation was initiated based on a complaint alleging that a Forensic Technician at the Medical Examiner's Office (MEO) regularly carries a knife with an 8-to-10-inch blade into the MEO and has posted images of guns on social media. It was further alleged that the Forensic Technician's attitude and demeanor when interacting with his coworkers is aggressive and creates a hostile work environment. It was also alleged that the MEO administration does not take action to discipline him or curb his behavior.

This investigation consisted of MEO staff interviews and a review of the subject Forensic Technician's pre-disciplinary hearing recommendation report.

The preponderance of the evidence developed during this investigation supports the conclusion that the subject Forensic Technician violated Cook County Personnel Rule 8.2(b)(6) – Unauthorized possession of weapons. The complainant and another coworker stated that he regularly carried a knife with an 8-to-10-inch blade into the MEO facility. Ultimately, information received by MEO management and a subsequent inquiry by management and MEO Security revealed that the subject Forensic Technician was in possession of a knife matching the description given by the complainant and coworker. It was further discovered that the subject Forensic Technician used MEO equipment to sharpen the knife. The preponderance of the evidence further supports the conclusion that the subject Forensic Technician's attitude and demeanor in his interactions with his coworkers violate Personnel Rule 8.2 (b)(4) – Intimidate or coerce another employee through physical or verbal threats. Statements by multiple employees substantiate the allegation that he consistently exhibited aggressive and intimidating behavior towards his coworkers. Finally, the evidence demonstrates that the MEO's current management team has addressed the disciplinary issues brought to their attention and have responded appropriately.

Based on the foregoing, the OIIG made the following recommendations:

1. The MEO should continue its efforts to uphold the termination of the subject Forensic Technician from his position and place him on the Ineligible for Hire list.

2. The MEO should implement an anonymous complaint policy and complaint procedures for staff.

3. The MEO should assign an equipment manager, permanently label equipment and conduct routine audits of MEO equipment.

These recommendations are currently pending.

IIG21-0437. The OIIG initiated this investigation after receiving a complaint alleging that the Oak Forest Health Center (OFHC) Pharmacy management fails to enforce the Time and Attendance Policy and OFHC Pharmacy employees fail to comply with the Time and Attendance Policy. During its investigation, this office reviewed OFHC Access Card Reports, "No Swipe Forms," OFHC security footage, Cook County Time (CCT) time and attendance records, Family Medical Leave Act (FMLA) files, the CCH Personnel Rules, and the Time and Attendance Policy. This office also conducted interviews with OFHC employees.

The preponderance of the evidence developed during this investigation supports the conclusion that certain members of management at the OFHC Pharmacy fail to enforce the Time and Attendance Policy. The policy states that it is the responsibility of management to maintain employee attendance records and perform ongoing reviews of the employee's records. Additionally, it is the responsibility of management to counsel employees when appropriate about attendance and to institute progressive discipline as required. Here, management did not review employee's timecards prior to approving them. Pharmacy management stated that as long as an employee's timecard reflects 80 hours for a two-week time period, they approve the timecard. Members of management indicated COVID-19 policies allowed for lax implementation of the Time and Attendance Policy and employees could be tardy without discipline in accordance with the COVID-19 policies. This is inaccurate. Although there were new COVID-19 policies in place for the benefit of employees, no such policy existed to allow for employees to be tardy. Any employee who requested special accommodation due to COVID-19 should have requested such accommodation through the Bureau of Human Resources (BHR) for approval.

Additionally, members of management sign off on No Swipe Forms without ensuring that the forms are completely and accurately completed by an employee. Of the 32 No Swipe Forms on file between April 1, 2021 and August 13, 2021, more than half of the forms were not properly completed. Management was tasked with performing on-going audits of employee time records, including No Swipe Forms to ensure compliance with time recording procedures. The local practice, however, allow the No Swipe Forms to be submitted and signed off on without ensuring accuracy or completeness.

Finally, management failed to take steps to ensure that employees who receive FMLA Leave remain within the parameters of their leave granted by BHR. Management receives approved FMLA leave letters for the employees they supervise. However, management has failed to reconcile or implement a process to reconcile an employee's timecard against the parameters of

Leave allowed for each employee resulting in employees exceeding the parameters of leave set forth by BHR.

Based on the foregoing, we recommended:

1) OFHC management receive additional training to appropriately familiarize themselves with the CCH Time and Attendance and FMLA policies, and

2) OFHC Management adheres to all CCH policies and procedures regarding the management of Time and Attendance and FMLA.

These recommendations are currently pending.

IIG21-0507. This investigation was initiated based on a complaint alleging that a former Corrections Officer with the Cook County Department of Corrections (CCDOC) participated in and received financial compensation for military drills with the Air Force Reserve (AFR) while at the same time collecting Workers Compensation for an injury incurred during a work-related incident.

This investigation consisted of witness interviews, review of the subject Corrections Officer's Workers Compensation Transaction Record, the subject Corrections Officer's Military Leave and Earnings Statement, the subject Correction Officer's Injury on Duty documentation, the subject Correction Officer's medical status report, work diagnosis report from a medical provider and the Illinois Workers' Compensation Commission Handbook.

The preponderance of the evidence developed during this investigation supports the conclusion that the subject Corrections Officer received financial compensation from the AFR for attending military drills while at the same time collecting Total Temporary Disability (TTD) benefits from the County. During the same time, the Corrections Officer was receiving physical therapy to rehabilitate his hand and was allegedly not capable of reporting for normal duties in the CCDOC. Although the Corrections Officer was not involved in any military drills that involved physical exertion, he was assigned to his normal job title duties which consist of clerical and computer related activities. These activities require the use of hands and fingers, which the Corrections Officer claimed he was unable to use without pain, discomfort, and limited range of motion. Based on information received from the AFR, the Corrections Officer was able to work on a computer for four days at the AFR, while at the same time claiming he could not work due to TTD. Upon completing his military drills, the Corrections Officer failed to notify the County that he could participate in administrative or clerical related duties and did not request a light-duty assignment. In fact, the Corrections Officer submitted a letter from his physician indicating that he could not conduct any type of work, yet he was able to perform clerical work for the AFR. Article T of the Sheriff's Employment Action Manual clearly stipulates that light-duty assignments are available for personnel upon request and documentation from the employee's physician. The Corrections Officer received training on all CCSO policies and had two previous Injured on Duty

(IOD) cases which demonstrate that he was acquainted with the process. The Corrections Officer continued to collect TTD for approximately two more months until he resigned. The Corrections Officer's willingness to attend AFR activities and collect financial compensation while at the same time ignoring his responsibility to inform the County of his ability to work a light-duty assignment violated the CCDOC Code of Conduct and should be construed as fraud.

Based on the forgoing, we recommended that:

(1) Consideration be given to recovering from the subject Corrections Officer $821.00, the amount equal to the compensation he received for attending AFR Military Drills while being held on IOD status, and

(2) The subject Corrections Officer, who is no longer employed by the CCSO, be placed on the Sheriff's *Ineligible for Hire List.*

These recommendations are currently pending.

IIG21-0535. This investigation was initiated based on an anonymous complaint alleging that a building manager ("Manager") assigned to the Bridgeview courthouse has been intimidating and harassing toward subordinate custodial staff members. This investigation consisted of interviewing nine witnesses from the Bridgeview courthouse custodial staff as well as the subject Manager.

The preponderance of the evidence developed during this investigation fails to support the allegation that the Manager's conduct has violated Cook County's strict prohibitions against workplace harassment, intimidation, and abuse. Most staff members claimed that the Manager conducted himself appropriately in the workplace. Others described the Manager as possessing a combative management style. We believe the strong weight of the evidence fails to support the allegations of misconduct.

IIG21-0622. This investigation was initiated based on a complaint alleging that a Surgical Technician at Cook County Health (CCH) calls in sick several times each week and is working shifts at another healthcare provider in Chicago. The complaint also alleged that the Surgical Technician used sick time from CCH spanning from June 2021 through November 2021 to work his other job. The complaint further alleged that the Surgical Technician failed to file for dual employment with CCH.

This office reviewed the Surgical Technician's CCH personnel file, as well as his CCH dual employment form, and his timesheets and work schedules from CCH and records subpoenaed from the other alleged employer. OIIG investigators also conducted employee interviews.

The preponderance of the evidence developed in this investigation supports the conclusion that the subject Surgical Technician called in sick a total of 15 days from June through November of 2021 to work shifts for another healthcare provider.

The Cook County CCH Report of Dual Employment Rule 12.3 states: "Employees must complete, sign and submit the Report of Dual Employment Form prior to engaging in outside activities." The preponderance of the evidence revealed that the subject Surgical Technician knowingly failed to report his dual employment when he sought and obtained employment with another healthcare provider.

CCH Personnel Rule 12.4 provides that dual employment is permissible only when the outside activities do not exceed twenty hours per week, the type of work to be performed in connection with the outside activities is approved in advance by the employee's Department Head, and the specific hours of the outside activities are not in conflict with the employee's normal duty hours. The preponderance of the evidence supports the conclusion that the subject Surgical Technician's work schedule at another healthcare provider exceeded 20 hours per week and was not approved by his Department Head.

CCH Personnel Rule 12.05 states: "Failure to disclose the above information to his/her Department Head or providing false information on the Report of Dual Employment Form shall be cause for disciplinary action up to and including discharge from employment." The preponderance of the evidence supports the conclusion that the subject Surgical Technician failed to report his employment at another healthcare provider to his Department Head.

CCH Personnel Rule 6.2(b)(1) states: "Sick leave is paid leave granted because an Employee is unable to perform assigned duties, or because the Employee's presence at work would jeopardize the health of co-workers. Sick leave shall not be used as additional vacation leave." The preponderance of the evidence supports the conclusion that the subject Surgical Technician used sick leave on 15 separate occasions to work at another healthcare provider.

Finally, the evidence also establishes that the subject Surgical Technician provided materially false and misleading information to OIIG investigators when he initially denied working at another healthcare provider only to later admit when faced with evidence to the contrary. We believe that this provision of false and misleading information involves a violation of the OIIG Ordinance Section 2-285(b).

Based on the foregoing, we recommended that significant disciplinary action be imposed upon the subject Surgical Technician. This recommendation is currently pending.

IIG22-0078. This investigation was initiated based on a complaint alleging that $100 gift cards allocated for disbursement to community members participating in the Cook County Health (CCH) Ambulatory and Community Network (ACN) Covid-19 vaccination program were not supplied to a member of the public and his family after they received the Covid-19 vaccination at

the Forest Park vaccination site. This investigation consisted of interviews with the complainant and County personnel assigned to the ACN and a review of the packing slip master log, the gift card packing slips, Forest Park gift card distribution logs and community participant signature logs.

The preponderance of the evidence developed during this investigation supports the conclusion that no theft or misallocation of County resources occurred. The investigation revealed a minor discrepancy in the method utilized by the Forest Park site manager in tracking the number of cards dispersed and still in stock, but the discrepancy was innocuous at best and does not suggest intentional misconduct or fraud. Also discovered was a minor inconsistency in numbers used to identify card numbers on the participant signature logs at the mobile sites. Again, the inconsistency was innocuous and does not suggest fraud.

Based on the facts gathered in this investigation, we recommended the following:

1. Should the program again be utilized, postings or another method of informing the public when resources are depleted should be utilized.

2. Internal controls should be enhanced in accounting practices. Specifically, when modifications and transfers of County resources occur, in this case numerous gift cards, those procedures should be documented electronically rather than in handwriting to promote accountability and comprehensibility in record keeping.

3. The ACN should employ universal tracking procedures and should ensure that all personnel implement those procedures in all programs and events to avoid discrepancies in the future.

These recommendations are currently pending.

Outstanding OIIG Recommendations

In addition to the new cases being reported this quarter, the OIIG has followed up on outstanding recommendations for which no response was received at the time of our last quarterly report. Under the OIIG Ordinance, responses from management are required within 45 days of an OIIG recommendation or after a grant of an additional 30-day extension to respond to recommendations. Below is an update on these outstanding recommendations.

From the 4th Quarter 2021

IIG19-0219. This investigation concerned allegations of conflict of interest, waste and institutional mismanagement in the performance of duties by the Board of Trustees of the South Cook County Mosquito Abatement District (SCCMAD), the members of which were all appointed by the Cook County Board President with the advice and consent of the Cook County Board. The

State Officials and Employees Ethics Act, 5 ILCS 430/70-20, requires Special District Trustees, including Trustees serving on a Mosquito Abatement District (MAD) board, to abide by the ethics laws of Cook County and be subject to the jurisdiction of the Office of the Independent Inspector General (OIIG). This investigation by the OIIG focused on determining whether the Trustees of the SCCMAD have been fulfilling their fiduciary and statutory duties and responsibilities. In addition to a complaint concerning alleged ethics violations, the OIIG received information that called into question whether the SCCMAD was adequately carrying out its public health mission by fulfilling its statutory duty to cooperate with the Illinois Department of Public Health (IDPH).

During this investigation, our office interviewed the four current SCCMAD Trustees, a former Trustee, and multiple current and former SCCMAD employees. We also interviewed managers and employees from the other three Cook County MADs. We obtained and reviewed business records from the SCCMAD for the years 2016 through 2020. These records included the Board of Trustees' agendas and meeting minutes, the SCCMAD's financial records (e.g., bank statements, checks, journals, ledgers, financial statements, etc.), personnel and operations policies, employment contracts, vendor listings, and independent auditor's reports. We reviewed five years of annual operations reports submitted by the four Cook County MADs to the IDPH, as well as the financial reports submitted by the MADs to the Cook County Treasurer and Illinois Comptroller. We also interviewed and obtained records and data from third party sources, including the IDPH, the Cook County Department of Public Health, and the other three Cook County MADs.

Based on our investigation, it is the conclusion of this office that members of the Board of Trustees, all of whom are fiduciaries to the district they serve, failed to carry out their duties and responsibilities.[6] This conduct resulted in the waste of the SCCMAD's resources. While the conduct advanced the Trustees' personal financial interests to the financial detriment of the SCCMAD, the evidence also establishes that two members of the Board of Trustees engaged in a hiring which constituted a conflict of interest. It is further the conclusion of our office that the SCCMAD board has failed in its mission to conduct effective surveillance of mosquitoes to detect the presence of mosquito-borne diseases of public health significance. We also conclude that the SCCMAD board has failed in its statutory duty (70 ILCS § 1005/8) to cooperate with the IDPH in relation to the work of the SCCMAD. Our specific findings and conclusions are discussed in more detail below.

[6] A fiduciary is a person who is required to act for the benefit of another, putting the interests of the other above their own and exercising a high standard of care in managing the other's money and property. Those persons entrusted with positions of responsibility – such as the Trustees of a MAD – owe their fiduciary obligation to the public. *See People v. Savaiano*, 66 Ill. 2d 7, 12 (1976); *In re Donald Carnow*, 114 Ill. 2d. 461, 470 (1986) (holding a public official is a fiduciary to the public entity he or she serves).

Conflict of Interest in the Hiring for a SCCMAD Executive Position

The State Officials and Employees Ethics Act, 5 ILCS 430/70-20, requires SCCMAD Trustees to abide by the ethics laws of Cook County. Under the Cook County Ethics Ordinance, the SCCMAD Board owes both a fiduciary duty to the SCCMAD and a duty to avoid conflicts of interest. The fiduciary duty they owe includes the duty to avoid the appearance of impropriety, to comply with laws and regulations, to conserve property and assets and avoid their wasteful use, and to conduct business in a financially responsible manner among other things. *See* Cook County Ethics Ordinance, Section 2-571.[7]

In addition to a fiduciary duty, the SCCMAD Trustees also had a duty to avoid conflicts of interest under Section 2-578(a) of the Cook County Ethics Ordinance. In Section 2-562, the Ethics Ordinance defines "economic interest" as "any interest valued or capable of valuation in monetary terms." Section 2-578(c) of the Ethics Ordinance imposes a reporting requirement on Cook County board appointees: "Any official, board or commission appointee or employee who has a conflict of interest as described by Subsection (a) of this Section shall disclose the conflict of interest in writing [sic] the nature and extent of the interest to the Cook County Board of Ethics as soon as the employee, board or commission appointee or official becomes aware of such conflict and shall not take any action or make any decisions regarding that particular matter."

The regular minutes of the meetings of the SCCMAD board indicate that during the January 9, 2017, meeting, Trustee A moved to consider the hiring of Official A to an executive position. There was no second to the motion. The regular minutes of the February 6, 2017, SCCMAD board meeting indicate Trustee A again moved to consider the hiring of Official A, a motion which again failed after receiving no second.

The minutes of the regular SCCMAD board meeting on April 10, 2017, document the attendance of "[future SCCMAD Trustee B] – Resident of the District." In April 2017, future SCCMAD Trustee B was a vice president of a suburban college ("Suburban College"). Serving on the Board of Trustees at Suburban College at that time was Official A. Official A has served on the board of the Suburban College since 2013. SCCMAD board minutes reflect that future SCCMAD Trustee B also attended SCCMAD meetings on May 8, 2017, and July 10, 2017.

According to records from the Cook County Board of Commissioners, Trustee B was appointed as a Trustee with the SCCMAD on November 15, 2017. According to SCCMAD board minutes, Trustee B was sworn into her position on the SCCMAD board on December 11, 2017.

According to SCCMAD records, three days after Trustee B's swearing-in to the SCCMAD Board, on December 14, 2017, the SCCMAD Board of Trustees held a special meeting, during which an agenda item was "Discussion and possible approval of the appointment of a new hire: [Official A] for the Public Relations position." The minutes from that meeting indicate that Trustee

[7] The Cook County Ethics Ordinance has recently been amended.

A called for a resolution by the SCCMAD board to accept the appointment of Official A as a "Public Relations" employee "with a starting salary of 42,000 and full benefits" with a starting date of January 3, 2018. The resolution was moved by one trustee, seconded by new Trustee B, and approved by Trustees A and B, and one other trustee.

Contemporaneously or following the hiring of Official A at the SCCMAD in December 2017, both Trustee A and Trustee B experienced positive employment developments at the hands of boards on which Official A sat.

A local public school district's ("School District A") website identifies SCCMAD Official A as President of the School Board. A review of the minutes of School District A Board regular board meetings reveals the board, headed by SCCMAD Official A, regularly acts on matters such as employee contracts, hiring, employee leave, and outside vendor contracts. According to minutes of the November 30, 2017 regular meeting of the School District A Board, SCCMAD Official A moved that SCCMAD Trustee A be approved as "Consultant for Custodial Support until further notice." The minutes reflect SCCMAD Official A's vote of "aye" on the motion, and SCCMAD Official A confirmed her "aye" vote during her OIIG interview. SCCMAD Trustee A told our office that the position of Consultant for Custodial Support was the only paid employment he had held since retiring from School District A in 2003. He told us the position paid $275 per day, and that he held it off and on, over three separate periods, from November 2017 to a period he did not recall.

In 2017, SCCMAD Trustee B was employed as Vice President of Academic Services at Suburban College. Minutes of the Suburban College board show SCCMAD Official A regularly made motions for and voted on financial and hiring matters. SCCMAD Trustee B told our office that she was appointed to the position of President of Suburban College in April 2018. SCCMAD Official A told our office that she voted in favor of SCCMAD Trustee B's appointment to the position of Suburban College President during that April 2018 vote. According to publicly available records, SCCMAD Trustee B's promotion from Vice President of Academic Services at Suburban College to President resulted in a raise in annual salary from $134,629 to $194,021.

The following timeline summarizes the events surrounding the interconnected hirings and promotions involving Trustee A, Official A, and Trustee B:

- January 9, 2017: Trustee A moves to hire Official A at the SCCMAD; motion fails.
- February 6, 2017: Trustee A again moves to hire Official A at the SCCMAD; motion fails.
- April 10, 2017: future Trustee B begins attending SCCMAD board meetings as a citizen. She attends again on May 8, 2017, and July 10, 2017.

- November 2017: Trustee E's SCCMAD appointment is not renewed.[8]

- November 15, 2017: Trustee B is appointed to SCCMAD board by the Cook County Board of Commissioners.

- November 30, 2017: SCCMAD Official A's husband (also a member of School District A's board) moves to hire SCCMAD Trustee A as a contractor at School District A. SCCMAD Official A votes "aye."

- December 11, 2017: Trustee B is sworn in to SCCMAD board.

- December 14, 2017: At a special meeting of SCCMAD board, Trustee A moves to hire Official A. Trustee B seconds a motion to hire Official A and the motion carries when all three Trustees, including Trustee A, vote "aye."

- April 2018: Suburban College board, on which SCCMAD Official A sits, approves the appointment of SCCMAD Trustee B as President of Suburban College. SCCMAD Official A votes "aye."

Prior to applying for an appointment to a Cook County office, board, or commission, Cook County ordinance requires an applicant to submit an affidavit to the Cook County Board's Legislative Coordinator which, among other things, requires the applicant to answer the question: "Do you possess any conflicts of interest that would prevent you from adequately representing the interests of the office, board, or commission that you are applying for?" Applicants are also asked, "Will you notify the President of the Cook County Board of Commissioners and the Chairman of the Legislation and Intergovernmental Relations Committee of the Cook County Board of Commissioners if there is a change to any of the statements set forth in this instrument?" Prior to her appointment to the SCCMAD, Trustee B completed this affidavit and swore to it before a notary public on August 24, 2017. In answer to the question, "Do you possess any conflicts of interest that would prevent you from adequately representing the interests of the office, board, or commission that you are applying for?", Trustee B checked the "NO" box. In answer to the question, "Will you notify the President of the Cook County Board of Commissioners and the Chairman of the Legislation and Intergovernmental Relations Committee of the Cook County Board of Commissioners if there is a change to any of the statements set forth in this instrument?", Trustee B checked the "YES" box.

When Trustee B made her sworn statement in August 2017, she was seeking appointment to a Cook County board (the SCCMAD board) which could, *and did*, return an economic benefit to Official A (her SCCMAD salary and benefits). At the same time, Official A served on a different

[8] Trustee E had previously rejected Trustee A's request to support the hiring of Official A. Trustee E told our office that he also rejected a request by a Cook County Commissioner to support the hiring of Official A in order to provide her with health insurance.

board (Suburban College board), which could, *and did*, return an economic benefit to Trustee B (her promotion and raise). When Trustee A was finally successful in his maneuver to have Official A hired at the SCCMAD, he had realized an economic benefit from Official A and the School Board *two weeks prior*.

Because Trustee A was subordinate to Official A in School District A and because Official A had, immediately prior to her hiring, bestowed a quantifiable monetary gain on Trustee A, we find that his initiation of Official A's hiring presented both a conflict of interest and a breach of his fiduciary duty. Because Trustee B was subordinate to Official A due to Official A's position on the Suburban College board, and because Official A was in a position to bestow a quantifiable monetary gain on Trustee B, we also find that Trustee B's support of Official A's hiring presented a conflict of interest and a violation of her fiduciary duty. Trustee B's breach of duty is exacerbated by the fact that she submitted an affidavit to the Cook County Board of Commissioners in which she, under oath, denied that she had a conflict of interest tainting her appointment, then failed to update her affidavit at any point after its initial submission.[9]

The SCCMAD's Hiring of an Unqualified Insider to an Executive Position

During our investigation, several interviewees expressed concern about the SCCMAD's hiring of Official A to an executive position on January 3, 2018 and subsequently to an operations manager position despite having no background in science or entomology, either by education or experience. An IDPH employee voiced this concern and said she was struck by the hiring of Official A over other more qualified candidates.

SCCMAD policy provides that, "The District hires the most qualified personnel consistent with budget and staffing requirements and in compliance with Board policy on equal employment opportunities and minority recruitment. The General Manager is responsible for recruiting personnel and making hiring recommendations to the Board. The General Manager may select personnel on a short-term basis for a specific project or emergency condition before the Board's approval. All applicants must complete a District application form in order to be considered for employment."

While the SCCMAD website contains no information about Official A's background, her biography on the Suburban College website, where she is a Trustee, states that she was a Culinary Arts and Special Education teacher for 30 years. According to records provided by the SCCMAD, Official A was employed as a substitute teacher after her retirement from 2010 to 2016. Official A confirmed this educational background during her OIIG interview.

[9] Cook County Code Sec. 2-110(b)(2). This statute does not contain a retroactive component; that is, applicants to Cook County boards or commissions who were appointed prior to the enactment of this statute (December 4, 2018) are not required to submit an affidavit. Trustee A was appointed to the SCCMAD board prior to this date and accordingly would not have to have submitted an affidavit.

By contrast, the other three Cook County MAD managers possessed extensive education or experience in mosquito control before being selected to lead their respective MADs. The Director of the Northwest Mosquito Abatement District (NWMAD) was promoted into the position after acquiring 34 years of experience at the NWMAD. He developed expertise in mosquito control equipment, treatments, and mosquito development during those 34 years. The Des Plaines Valley Mosquito Abatement District's (DVMAD) Manager was promoted to that position after accruing eight years of field work experience with the DVMAD. He holds a B.A. in Mathematics and Physics. The North Shore Mosquito Abatement District's (NSMAD) Executive Director was hired in May 2018 and was previously the Research Director at a MAD in Florida. He holds a PhD in Biology, and his dissertation related to the biology of vectors.

According to SCCMAD records, the SCCMAD posted the executive position at issue on January 9, 2018, on the website of the American Mosquito Control Association. The job posting cited a minimum education level for the position of "BA/BS/Undergraduate" and a minimum experience level of "3-5 years." The posting further listed under a "Job Requirements" heading the following qualifications: "Graduation from an accredited college or university with a bachelor's degree, including major course work in public administration, business administration, public health, biology, or related technical field. An advanced degree in management or relevant science is a significant plus." The posting's Job Requirements section concludes by stating "Experience with Mosquito and Vector control is desirable."

In response to this posting, the SCCMAD received applications from persons with the following qualifications:

- An individual with a BS in Entomology, an MA in Entomology, and a PhD with honors in Entomology. This applicant had extensive research experience in mosquito resistance to insecticides. This individual led an international team fighting the spread of malaria in Africa for five years and was, at the time he applied, an Environmental Specialist with a mosquito control agency in Florida with two years of experience. This individual had authored approximately 50 peer-reviewed articles relating to the control of vector-borne diseases, some of which related to the West Nile virus.
- An individual with an MS in Epidemiology, a PhD in Entomology, and five years of experience working with a mosquito abatement agency. This individual had authored six scientific publications, most of which focused on the control of mosquitoes and West Nile virus.
- An individual with a BS in Biology, a MS in Public Health, and mosquito control work experience with both the Cook County Department of Public Health and a private vector disease control company.
- An individual with an MBA and seven years of experience working in various positions at a Mosquito Abatement District.

None of these candidates were selected by the SCCMAD board for the position. Instead, the SCCMAD promoted Official A, whose education, according to the application she submitted to the SCCMAD, included a B.S. in Family and Consumer Science and an M.S. in Counseling.

An employee at the IDPH told us she found it unusual that the SCCMAD would pass over candidates for an executive position who had advanced degrees in entomology for someone with no background in science. She further stated, "I don't know what she's doing there. She is not qualified for the position."

During her OIIG interview, Official A admitted that, despite her title, almost all the SCCMAD's mosquito control operations are handled by SCCMAD's Biologist and General Foreman. Official A was unable to answer questions regarding SCCMAD mosquito control operations or insecticide use. In response to questions from the OIIG about these matters, Official A said she was not able to answer and that the Biologist and General Foreman would be able to field such questions. One SCCMAD employee told us that Official A's lack of a scientific background or education had adversely affected mosquito control operations at the SCCMAD.

We believe a preponderance of the evidence reveals that the SCCMAD, at the behest of Trustee A and with the support of the board, hired the unqualified Official A to provide her with pay and benefits while rejecting other far more qualified candidates. Her work in "public relations" for the SCCMAD appears to be at best rudimentary. The retitling of her position and downplaying of her operations role in mosquito control was simply an effort by Trustee A and Official A to legitimize the hiring of an unqualified person after the fact. We have determined that this hiring represents a violation of both the fiduciary duty and conflict of interest provisions by Trustees A and B, as well as a violation of SCCMAD policy.

Payments to SCCMAD Trustees Under Guise of Travel Expense

The Mosquito Abatement District Act authorizes the Board to "exercise all of the powers and control all of the affairs and property of such district." The Act further states that "Trustees shall serve without compensation." Our review of SCCMAD bank and financial records indicates that, for years, SCCMAD Trustees have been paying themselves $100 each per month in "travel expenses" to attend monthly board meetings.[10] Bank records revealed that, from January 1, 2017, through June 1, 2021, SCCMAD Trustees paid themselves a total of $22,800 in "travel expenses" for attending regular and special board meetings. All current and former SCCMAD Trustees during this period accepted the $100 payments, which were made from the SCCMAD's business checking account.

The SCCMAD's Personnel Manual states, "No reimbursement of travel, meal or lodging expenses incurred by a District employee or officer shall be authorized unless the 'Travel, Meal,

[10] The SCCMAD business manager told us that the $100 payment practice had been in place at least since 2013.

and Lodging Expense Reimbursement Request Form' … has been submitted and approved." The manual also states, "Reimbursement of expenses between the residence and the official headquarters of any individual subject to these regulations shall not be allowed." The manual also states, "In general, nominal transportation related to District business within the vicinity of the designated headquarters is a non-reimbursable expense." The SCCMAD's Personnel Manual provides for mileage reimbursement at "rates not to exceed the applicable Internal Revenue Service rate per mile."[11]

The Trustees' primary commitment to the SCCMAD is to attend a Board of Trustees meeting once a month at the SCCMAD's office. Conceivably, a Trustee may also visit the SCCMAD's offices a couple of times a month to complete administrative tasks such as signing checks. According to Google Maps, Trustee A resides 3.6 miles from the SCCMAD board offices in Harvey. Trustee B resides 4.7 miles and works 3.4 miles from the SCCMAD offices. Trustee C resides 16.1 miles from the SCCMAD offices. Trustee D resides 8.5 miles from the SCCMAD offices. Given the proximity of the Trustees' residences and workplaces to the SCCMAD office, it is highly improbable that a Trustee would incur $100.00 per meeting in legitimate mileage costs. Using the current mileage reimbursement rate contained in the SCCMAD policy manual, to justify a $100.00 per meeting mileage payment, each Trustee would have to drive more than 180 miles to attend each SCCMAD Board meeting.[12]

We requested the SCCMAD provide records the Trustees submitted to justify the payment to them of $100 per meeting as reimbursement for travel expenses. The SCCMAD provided no records documenting any actual travel expenses incurred by SCCMAD Trustees to justify reimbursement for travel expenses as required by SCCMAD policy. Instead, the SCCMAD provided the OIIG a single "voucher" for each meeting identifying only the check issued to each Trustee and the amount of each check. Every "voucher" was captioned, "Travel expense for the [month and year] Board of Trustees Meeting." We noted that, beginning in May 2019, the SCCMAD Board of Trustees began to hold additional "Special" Board meetings to discuss "personnel matters." SCCMAD Trustees received an additional $100 for each Special board meeting.

When interviewed, the SCCMAD Trustees characterized to us the nature of the $100 payments in different ways. Trustee A described the payments strictly as reimbursement for travel expenses, although he admitted that SCCMAD Trustees submit nothing to document such alleged expenses. When asked from where he typically travels to the SCCMAD office in Harvey for board

[11] According to mileage rates set forth at the Internal Revenue Service's "Standard Mileage Rates" website page, the reimbursement business rate was as follows: for 2017, 53.5 cents per mile, for 2018, 54.5 cents per mile, for 2019, 58 cents per mile, for 2020, 57.5 cents per mile, and for 2021, 56 cents per mile.

[12] Neither the Cook County Government's Transportation Expense Reimbursement policy nor the Illinois Administrative Code [governing State employee travel] permits reimbursement for commuting expenses between an employee's home and regular place of assignment. Similarly, IRS regulations state that transportation expenses do not include commuting costs, which are not deductible expenses and which cannot be excluded from wages if provided by the employer. *IRC 162(a)(2); IRC 62(c); Rev Rul. 99-7.*

meetings, Trustee A was vague in his response, saying, "I could be anywhere." Trustee B described the $100 payments as for both travel and for "time and effort," clearly perceiving the $100 partially as a form of compensation for services. Trustee C told us that the $100 payments were for both his time and for his travel expenses, but conceded that, if receiving $100 for a remote board meeting which obviously involved no travel, the money was a form of salary. Trustee D told us that the $100 payments were for "reimbursement for attending meetings, and for signing documents."

All SCCMAD Trustees are issued IRS Forms 1099 for their $100 payments each year. Form 1099 is used to report to the IRS various types of income other than wages or salaries. We believe that the use of this form to report the totals of the $100 payments to each Trustee each year indicates that the SCCMAD and its accountants understood that the nature of the $100 payments was income on which the Trustees were to pay taxes, not a reimbursement for an out-of-pocket expense by the Trustees.

Bank records indicate that current SCCMAD Trustees received the following amounts for attending regular and special meetings of the board for the period January 1, 2017, through June 1, 2021: Trustee A: $6,500, Trustee B: $5,200, Trustee C: $3,800, and Trustee D: $3,500.

The preponderance of evidence supports the conclusion that the $100 monthly payments the SCCMAD Trustees have been receiving represent compensation and, as such, are in violation of the Mosquito Abatement District Act and the Cook County Ethics Ordinance. Even if construed as "travel expenses," the $100 payments were unsupported by records as required by SCCMAD policy and are clearly excessive if they were to reimburse for mileage. The payments constitute a breach of fiduciary duty by each SCCMAD Trustee.

Donation of SCCMAD Vehicles to Neighboring Municipalities

During our investigation, interviewees told us that the SCCMAD had a practice of "selling" vehicles for one dollar when the vehicles were worth substantially more than that. According to SCCMAD records, from January 1, 2017, to March 3, 2021, the SCCMAD "sold" 15 vehicles, primarily work trucks, to various municipalities in SCCMAD territory of Chicago's south suburbs, each for one dollar. To obtain a conservative retail value for those vehicles, i.e., a price for which the SCCMAD could have sold them on the open market, we utilized the National Automotive Dealer's Association's (NADA) online vehicle valuation tool to obtain estimates for the values of the 15 vehicles the SCCMAD "sold" since January 1, 2017. The NADA's online tool displays low, average, and high retail values for vehicles by make, model, and year. We selected "low" retail values and "base prices" which assume no options on the vehicle. Thus, we determined that the vehicles that the SCCMAD sold to local municipalities for $1 had estimated values ranging between $1,375 and $2,850.

During his interview, Trustee A acknowledged that the practice of "selling" vehicles for one dollar provided no financial benefit to the SCCMAD, but justified the practice by exclaiming "we're a community." However, this position is inconsistent with Section 7.1 of the Mosquito

Abatement District Act, "Sale of Personal Property," which provides, "Whenever any mosquito abatement district owns any personal property which in the opinion of three-fourths of the board of Trustees is no longer useful to, or for the best interests of the district, such a majority of the board of Trustees then holding office, at any regular meeting or at any special meeting called for that purpose, by ordinance may authorize the sale of that personal property in such manner as they may designate, with or without advertising the sale." Moreover, the Ethics Ordinance fiduciary duty provision includes the conservation of district assets.[13]

Based on all of the foregoing, we believe the SCCMAD's use of $1.00 transfers rather than sale at market value represents a breach of fiduciary duty.

Repair of Non-SCCMAD Vehicles on SCCMAD Premises

SCCMAD policy provides that "[p]ersonal cars will not be garaged, serviced, equipped, repaired or maintained by the District, unless authorized by the General Manager." Multiple employees told us that SCCMAD employees were repairing personal vehicles on SCCMAD premises and that the practice was commonplace. Trustee C told us that he had heard of the practice occurring and considered it "not acting with integrity or honesty." Trustee D said he had not heard of the practice occurring. There was disagreement among SCCMAD employees about whether repair of personal vehicles was occurring on SCCMAD time using SCCMAD tools—a SCCMAD mechanic told us that he did repair personal vehicles on SCCMAD premises but only after hours or on breaks and using his personal tools. Notwithstanding, the evidence is clear that personal vehicles (and at least one School District A vehicle) are being repaired on SCCMAD premises, either during business hours, after hours, or during breaks. To be sure, however, government property shall only be used for official government purposes. Cook County Ethics Ordinance, section 2-576.

Failure by the SCCMAD to Conduct Adequate Mosquito Surveillance

As we conducted our investigation and interviewed professionals within the IDPH and other MADs, a recurrent concern was brought to our attention: that the SCCMAD was conducting insufficient mosquito surveillance and treatment relating to the presence of West Nile Virus in Cook County.

The U.S. Center for Disease Control (CDC), Division of Vector-Borne Diseases, in its 2013 *Guidelines for Surveillance, Prevention, and Control*," defines mosquito "surveillance" as "the systematic collection of mosquito samples and screening them for arboviruses." In these guidelines, the CDC defines "arbovirus" as "arthropod-borne viruses" which "are transmitted to

[13] Additionally, of concern is the appearance of impropriety because, according to the Facebook page of "[Trustee A] for Mayor," Trustee A had an active candidacy for mayor of a local municipality at the time he was arranging for the donation of SCCMAD vehicles to municipalities in the Southland area, including his hometown.

humans primarily through the bites of infected mosquitoes, ticks, sand flies, or midges." The guidelines provide that the arbovirus known as West Nile, which was first identified in the United States in 1999, is now found in all 48 contiguous states and produced large nationwide epidemics in 2003 and 2012. According to the Cook County Department of Public Health's 2005 *West Nile Virus Prevention and Response Plan*, in 2002, Illinois had the most human cases of West Nile Virus in the nation—877, resulting in 62 deaths, with 75 cases reported in Cook County. In 2021, only seven human cases of West Nile in the County were reported by the Cook County Department of Public Health as of September 7, 2021.

The Mosquito Abatement District Act provides that "the board of Trustees of any mosquito abatement district shall, in its work, advise and cooperate with the Department of Public Health of the State, and the board of such district shall submit to such Department, on or before January 1st of each year, a report of the work done and results obtained during the preceding year." The Mosquito Abatement District Act further provides that "the board of Trustees of any mosquito abatement district, or its designee, shall conduct routine surveillance of mosquitoes to detect the presence of mosquito-borne diseases of public health significance. The surveillance shall be conducted in accordance with mosquito abatement and control guidelines as set forth by the U.S. Centers for Disease Control and Prevention." The Mosquito Abatement District Act requires MADs in Illinois to report to the "local certified public department" positive test results regarding West Nile Virus, St. Louis Encephalitis, and Eastern Equine Encephalitis, within 24 hours of receiving a positive report. Positive reports must include the type of infection, the number of mosquitoes collected in the trapping device, the type of trapping device used, and the type of laboratory testing used to confirm the infection.[14]

During our investigation, an employee of the Northwest Mosquito Abatement District (NWMAD) told us he was "shocked" by how little mosquito surveillance the SCCMAD performed. Interviewees from other MADs and the IDPH also expressed their concerns the SCCMAD had been conducting deficient mosquito surveillance. Their concerns fell into four areas: 1) The limited number of storm water catch basins the SCCMAD was allegedly treating; 2) The limited number of mosquito traps the SCCMAD allegedly used; 3) The limited number of tests on mosquito samples the SCCMAD allegedly performed; and 4) The limited number of pesticide and larvicide the SCCMAD allegedly ordered.

Our analysis of data contained in Cook County MADs' Annual Reports revealed that the SCCMAD uses fewer gravid traps than the other Cook County MADs relative to its size, confirming the concerns of the NWMAD employee. However, an IDPH employee explained her view that the simple fact that the SCCMAD uses fewer gravid traps per square mile than any other Cook County MAD by itself did not necessarily mean the SCCMAD's gravid trap numbers were

[14] The Mosquito Abatement District Act states that "[a]ny Trustee of a mosquito abatement district, or designee of the board of Trustees of a mosquito abatement district, that fails to comply with the requirements of this Mosquito Abatement District Act is guilty of a Class A Misdemeanor."

insufficient. She said she could not say "with certainty" that the number on its face indicated a deficiency.

We also found, using data contained in Cook County MADs' Annual Reports, that the SCCMAD reported having treated fewer catch basins for most recent years than other Cook County MADs. An IDPH employee told us that she would have a concern about comparing the number of catch basin treatments reported by Cook County MADs due to factors such as not knowing if other municipalities were also treating a MAD's catch basins, what kind of briquette was used (30 or 150 day) in each basin, and other factors such as weather.

Accordingly, despite the concerns voiced by professionals at the DVMAD and NWMAD, there was professional disagreement about the significance of the SCCMAD's relatively low numbers of gravid traps and catch basins treated such that we cannot rely on the numbers contained in the MADs' Annual Reports to reach a conclusion that those disparities showed a treatment deficiency on the part of the SCCMAD.

However, the professionals we interviewed agreed on one common concern: that the SCCMAD's West Nile testing regimen is deficient. We obtained data relating to Cook County MAD testing for West Nile virus from the State of Illinois' West Nile Virus Portal. Our analysis was designed to determine whether the concerns of interviewees described in the preceding paragraphs were supported by data.

The SCCMAD's Undertesting of Mosquito Samples for West Nile Virus

Our investigation revealed that the SCCMAD conducted far fewer tests of mosquito samples for West Nile Virus than any other Cook County MAD. An SCCMAD biologist acknowledged this disparity during his OIIG interview.

When we interviewed an IDPH employee, she drew our attention to the West Nile Virus testing data the SCCMAD reported to her agency for 2018. The IDPH maintains a database called the West Nile Virus Portal. The West Nile Virus Portal contains mosquito surveillance test results from public agencies such as county MADs and state and county health departments, including the four Cook County MADs. The IDPH employee observed data from the West Nile Virus Portal from the SCCMAD which indicated that, for 2018, it conducted 276 tests for West Nile Virus, 46 of which were positive. She also noted that the SCCMAD, in its annual report to the IDPH, reported using 23 gravid traps collected two times per week. According to the IDPH employee, the SCCMAD's number of collections should have been approximately 736.[15] She did not understand why the SCCMAD ran only 276 tests after having made approximately 736 collections from its traps. The IDPH employee believed the SCCMAD's own reporting numbers showed its number of tests conducted should have been much higher.

[15] This equals 23 (number of gravid traps) multiplied by 2 (two collections per week) multiplied by 16 (approximate number of weeks in the mosquito collection season).

We obtained data from the IDPH's West Nile Virus Portal to compare testing among the four Cook County MADs for the years 2017 through 2020, set forth in the tables below:

2017 Cook County MAD West Nile testing

MAD	Size (sq. miles)	Number of mosquito pools tested for West Nile	Number of positive West Nile tests
DVMAD	77	1,205	296
NSMAD	70	1,473	497
NWMAD	242	927	104
SCCMAD	340	271	45

2018 Cook County MAD West Nile testing

MAD	Size (sq. miles)	Number of mosquito pools tested for West Nile	Number of positive West Nile tests
DVMAD	77	1,840	671
NSMAD	70	1,693	577
NWMAD	242	995	186
SCCMAD	340	276	46

2019 Cook County MAD West Nile testing

MAD	Size (sq. miles)	Number of mosquito pools tested for West Nile	Number of positive West Nile tests
DVMAD	77	1,373	108
NSMAD	70	1,610	348
NWMAD	242	941	49
SCCMAD	340	298	8

2020 Cook County MAD West Nile testing

MAD	Size (sq. miles)	Number of mosquito pools tested for West Nile	Number of positive West Nile tests
DVMAD	77	1,845	593
NSMAD	70	2,153	672
NWMAD	242	762	67
SCCMAD	340	424	33

2021 Cook County MAD West Nile testing

MAD	Size (sq. miles)	Number of mosquito pools tested for West Nile	Number of positive West Nile tests
DVMAD	77	2,110	628
NSMAD	70	1,721	550
NWMAD	242	1,024	82
SCCMAD	340	703	90

The above data revealed the SCCMAD does very little testing of mosquitoes for West Nile relative to its size in comparison to its sister agencies in Cook County. An IDPH employee told us that this disparity was important because it indicates that the SCCMAD is not conducting enough tests for West Nile virus. She told us that the SCCMAD was missing chances to detect West Nile early and that this deficiency presented a potential health risk to the public.

Partly due to that deficiency, the IDPH told us they operate their own West Nile surveillance operation in SCCMAD territory. The IDPH said they are not confident in the SCCMAD's West Nile surveillance. The IDPH does not currently operate mosquito traps in any other Cook County MAD's territory except the SCCMAD's territory (and the NSMAD, where the two traps there are not operated out of lack of confidence in the NSMAD's surveillance), where the IDPH operates traps in Oak Lawn, Evergreen Park, and Lemont. IDPH employees told us that the SCCMAD's West Nile test results were often late, which was a critical failure when dealing with a potential outbreak of a disease like West Nile. They also stated that the IDPH was obtaining positive West Nile results when the SCCMAD was reporting negative results in the same vicinity.

The SCCMAD's Purchase of Insecticides

Because multiple interviewees raised the concern that the SCCMAD was using too little pesticide and larvicide in its mosquito control efforts, we compared the SCCMAD's expenditures for pesticides and larvicides against those of the other Cook County MADs. Each MAD documents the dollar amount it expends annually for the purchase of insecticide in the annual financial reports they submit to the Illinois State Comptroller and the Cook County Treasurer. We found that, despite having a far larger territory to treat and more employees to apply pesticides, the SCCMAD spent less on insecticides than any other Cook County MAD. Amounts expended by each Cook County MAD are set forth in the table below:

Cook County MAD Insecticide Expenditures, 2017 through 2020 (Fiscal Years)

MAD	Fiscal 2017	Fiscal 2018	Fiscal 2019	Fiscal 2020
DVMAD	Not available	$414,462	$434,933	$474,257
NSMAD	$231,069	$163,771	$250,721	$270,350

NWMAD	$522,684	$344,536	$264,512	$309.653
SCCMAD	$134,254	$124,161	$81,005	$301,064

While it appears that SCCMAD insecticide expenditures began to align more with the other, though smaller, Cook County MADs beginning in their Fiscal Year 2020, the concerns of other MAD managers were borne out by the SCCMAD's relatively small expenditures for insecticide for Fiscal Years 2017 through 2019. An IDPH employee told us that this disparity was important because it "indicates [SCCMAD] are failing to protect the residents of their district."

The SCCMAD's Failure to Cooperate with the IDPH

As mentioned previously, MADs are required by law to submit an Annual Report of their operations to the IDPH. Pursuant to the provisions of the Mosquito Abatement District Act, "the board of Trustees of any mosquito abatement district shall, in its work, *advise and cooperate* with the Department of Public Health of the State." (emphasis added).

While the Mosquito Abatement District Act does not define "cooperate," personnel from the IDPH confirmed to us that, in their professional judgment, the SCCMAD has not cooperated with the IDPH. We reviewed the Annual Reports of all four Cook County MADs going back four years and found remarkable the lack of information contained in the SCCMAD's Annual Reports compared to the other Cook County MADs. Personnel from the IDPH shared our concern. One IDPH employee told us that the SCCMAD's Annual Report contained so little information as to be essentially useless. The SCCMAD's Annual Reports also appeared to contain omissions which were obvious even to a layperson. As an example, we noted that, for their 2020 Annual Report to the IDPH, the SCCMAD reported as its sole insecticide used for a year, "11.0 gallons Aqua Pursuit." This chemical is an adulticide used in fogging operations and was obviously not the only chemical the SCCMAD should have reported to the IDPH as having used during the 2020 treatment season. When we asked about the omission, SCCMAD Official A said she was not able to address the issue. (After the OIIG interviewed Official A and asked about this omission, the SCCMAD prepared an "Amended Annual Report" to the IDPH which contained more information about its insecticide use.)

An IDPH employee characterized the SCCMAD's level of communication with the IDPH as a "code of silence" and told us that the SCCMAD "isn't telling us what they're doing." She said this failure to cooperate was important because the IDPH acts in a coordinating capacity with county MADs, municipalities, and local health departments regarding their West Nile Virus testing and treatment programs. She said that the fact that the SCCMAD does not interact with the IDPH means the IDPH is performing its coordination function with reduced visibility in SCCMAD territory. The IDPH employee told us that the SCCMAD's failure to communicate with the IDPH presented a potential risk to public health. Another IDPH employee told us that the SCCMAD has "neglected to cooperate" with the IDPH and said cooperation with the IDPH went beyond simply sending testing data to them. He said data in the West Nile Portal is not available in real time and

positive West Nile tests need to be acted on immediately. He added, "Most MADs issue weekly reports to the IDPH. SCCMAD does not."

Accordingly, our office has determined that the SCCMAD has failed in its statutory duty to advise and cooperate with the IDPH in its work.

Based on our findings above, we made the following recommendations to address the conduct of the SCCMAD Board of Trustees:

1. The Mosquito Abatement District Act contains no provision for the nonconsensual removal of Trustees. The SCCMAD appointments should not be renewed. Cook County officials should discuss these findings with the SCCMAD Trustees and explore their voluntary resignation in the interests of the district.

2. Trustees must be admonished of the importance of assuring the managerial, operational and financial integrity of the SCCMAD. Essential action for the SCCMAD Board should include each of the following:

    a) Removal and replacement of Official A. The SCCMAD is encouraged to conduct a canvass to recruit and hire an operations executive possessing the education and experience in entomology and/or mosquito control operations that is appropriate for such a position;

    b) Elimination of the so-called "travel expense" paid to SCCMAD Trustees for attending regular and special meetings. To the extent board members seek travel reimbursement, it should be done in accordance with the existing policy;

    c) The current SCCMAD Trustees should reimburse SCCMAD for all monies wrongfully paid to them in the amounts set forth above;

    d) The practice of donating SCCMAD vehicles to neighboring municipalities when those vehicles could be sold for market value should be discontinued;

    e) The practice of SCCMAD employees repairing or servicing personal vehicles, even if occurring outside business hours and not using SCCMAD tools, should be discontinued so as to comply with section 2-576 of the Cook County Ethics Ordinance;

    f) The SCCMAD should endeavor to bolster its public reporting of operation activities. The SCCMAD should post its Annual Report on its website and coordinate with IDPH officials to ensure appropriate reporting occurs. The SCCMAD should interact with other Cook County MADs, especially the NSMAD, to develop ideas by which to be more transparent with the public,

using, for example, texts or social media to communicate with subscribers or by posting regular updates on their website or on social media; and

g) The SCCMAD is required to advise and cooperate with the IDPH in carrying out its operations. As outlined above, IDPH officials have explained their belief that SCCMAD is not conducting operations within the spirit of the Act or is otherwise far behind its sister agencies in this area. We recommended that the SCCMAD coordinate with IDPH to identify areas to improve and institute the necessary protocols to ensure ongoing compliance with the Act.

The Office of the President adopted all of our recommendations and also requested that the SCCMAD Trustees in turn take immediate corrective action based on our report.

IIG21-0145. The OIIG received information alleging that Cook County Board of Review's (BOR) Consultant Detection Program (CDP) improperly denied tax appeals based on unsupported assumptions that certain appeals were filed by "suspected consultants" in violation of BOR Rule 1. That rule provides:

> All parties, other than pro se taxpayers, must be represented before the Board by an attorney. Individual taxpayers may retain an attorney or represent themselves before the Board. Other taxpayers, including but not limited to entities such as corporations, LLCs, condominium associations and the like, must be represented by an attorney. A person who is not an attorney may not represent a taxpayer before the Board.

The information also revealed that approximately 370 appeal files from tax year 2020 had completed the digital workflow process and were granted an assessment reduction. However, the reductions were subsequently denied and flagged "Chief Clerk No Change 7" without a thorough investigation to ascertain whether the appeals were in fact filed by consultants in violation of BOR Rule 1. Accordingly, the OIIG initiated this investigation to determine whether the CDP, as designed, adequately identifies appeals filed by consultants and whether the program maintains sufficient controls to properly document the BOR's process of review, identification, and notification when a rule violation is identified. During the investigation, the OIIG interviewed numerous BOR employees and reviewed documents produced by BOR in response to a production request.

The preponderance of evidence from this investigation supports the conclusion that BOR's implementation of the CDP lacks formal written policies and procedures which has led to a haphazard process of evaluating whether tax appeals have been filed by consultants on behalf of taxpayers. The BOR's identification of possible consultants over relies on the threshold of five or more appeals having originated from the same IP address – a protocol that was implemented without substantial analysis to support establishing the IP address threshold. Furthermore, while the other methodology employed should identify some consultant activity, it is implemented

without uniformity and consistency in its application and does not establish a review process or other protocol to measure the likelihood of consultant activity in any given appeal. For example, the BOR could determine that an adverse finding could not be reached upon IP address information alone without other evidence to corroborate consultant activity.

Additionally, the evidence also supports the conclusion that the CDP, as applied, stands contrary to fundamental principles of due process because it (a) fails to provide adequate notice to involved taxpayers that the appeal was being denied due to a violation of BOR Rule 1 and (b) fails to provide the subject taxpayers a meaningful opportunity to challenge that determination.[16]

Based on our findings, we recommended the following:

1. The BOR should re-evaluate its process of identifying tax appeals filed by consultants and consider conducting further studies and analysis to establish an optimal IP identification threshold. In coordination with the analysis, BOR should develop written standard operating policies and procedures that provide guidance in identifying, reviewing, and determining property tax appeals involving consultants.

2. The BOR should develop policies establishing a process of notice to taxpayers of a BOR determination of violation of Rule 1 and implement a process affording those taxpayers an opportunity to challenge such a determination. The CDP guidelines should also be transparent and applied uniformly.

3. As part of its deterrence strategy, BOR should consider implementing a protocol of referring non-attorneys practicing before the BOR to the Attorney Registration and Disciplinary Commission when a violation of BOR Rule 1 has been identified.

4. Given that BOR uses spreadsheets as part of a critical decision-making process to identify consultants, BOR should consider the development and implementation of a policy and associated guidelines on spreadsheet usage to effectively provide direction on the design, implementation and execution of spreadsheets. In doing so, BOR should consider developing strong access and security controls to the spreadsheet data to prevent unauthorized access and ensure data inputs/changes are logged or recorded for tracking purposes and an effective audit trail.

The BOR adopted each of our recommendations.

IIG21-0244. This investigation was initiated based on a complaint that an Outpatient Pharmacy Supervisor (OPS) falsified data in the pharmacy system in order to terminate African American probationary pharmacists in violation of Cook County EEO policy and CCHHS personnel rules.

[16] The affected taxpayer may also elect to refile, *pro se*, or retain counsel.

The OIIG conducted an interview with an African American Probationary Pharmacist (AAPP), the System Director of Pharmacy Services (SDPS), the subject OPS, the Assistant Director of Pharmacy (ADP) and the Director of Pharmacy, Inpatient Services. The following documents were also reviewed as part of this investigation: documents provided by the AAPP, data productivity reports, daily schedules, organizational charts, and personnel files of two terminated African American probationary pharmacists.

The preponderance of the evidence from this investigation failed to support the conclusion that the subject OPS violated EEO Section VII (a)-Discrimination. There is no evidence that the OPS misrepresented data from the productivity report to terminate African American probationary employees. On the contrary, the productivity reports for the African American probationary employees who were terminated reflected a consistent level of low productivity. Hence, there was a legitimate nondiscriminatory reason for the termination of the African American probationary employees. However, the preponderance of the evidence disclosed that, although the productivity program is an objective way to evaluate the performance of pharmacists and technicians and hold the staff accountable for their output, it is not being consistently or effectively utilized by the pharmacy department. The System Director of Pharmacy Services, the subject OPS, and the Assistant Director of Pharmacy all recognized that this program has not been consistently utilized since its inception. In addition to the program not being consistently used, the progressive disciplinary process has never been used to hold non-probationary pharmacists and technicians accountable for their lack of productivity.

Based on all the foregoing, we recommended that the outpatient pharmacy follow its policy created by the System Director of Pharmacy Services to generate better efficiencies in the pharmacy department. This would include enforcing the metric standards and issuing discipline according to the policy. Additionally, we recommended supplemental pharmacy management software training for the OPS to ensure that the OPS can optimize her use of it and reduce the time currently required to evaluate all the technicians and pharmacists. Given that data productivity reports are exportable to Excel, the time the OPS currently devotes to each report can be significantly reduced through additional training enabling her to move away from transcribing reports by hand.

The CCH Senior Pharmacy Director adopted our recommendations.

IIG21-0275. This investigation was initiated based on a complaint alleging that Cook County Sheriff's Office (CCSO) Deputies assigned to the Electronic Monitoring Unit (EMU) and acting on the direct orders of two CCSO officials entered Munster, Indiana in search of an Electronic Monitoring Program (EMP) participant, who was in violation of his EMP agreement, and took the EMP participant into custody with the assistance of Munster, Indiana police officers. The deputies then proceeded to transport the EMP participant back to Illinois without bringing him before a judge or magistrate in Indiana to obtain an extradition order.

This investigation consisted of witness interviews and a review of bond documentation, the Electronic Monitoring Agreement of the subject EMP participant, the Arrest Report of the subject EMP participant, the EMU Case Report, a Department of Community Corrections Memorandum, CCSO Law Enforcement Authority policy, Illinois State statutes, Indiana State statutes, U.S. Constitution, Uniform Criminal Extradition Act, Cook County Code of Ordinances, the Illinois Police Training Act, and the Cook County Department of Corrections – Corrections Officer Training Curriculum and CCDOC policies.

The preponderance of the evidence developed during this investigation supports the conclusion that the subject CCSO officials, without legal authority, ordered EMU Investigators across state lines into Indiana to take the subject EMP participant into custody. The subject CCSO officials were unaware of the requirements associated with extradition and unaware of the limitations of the scope of the authority of Corrections Officers outside of Cook County. Additionally, the subject CCSO officials subsequently failed to direct the investigators to bring the EMP participant before a judge or magistrate to obtain an extradition order before returning to Illinois. As a result, the EMU Investigators acted outside their lawful jurisdiction to apprehend, at gun point after a stand-off, the EMP participant and further acted outside of their lawful authority by bringing him directly back to the CCDOC where he was subsequently charged with escape. Instead of the EMU handling this matter itself, the Fugitive Apprehension Unit of the CCSO should have been relied upon to apprehend and lawfully return the EMP participant to Illinois.

Based on the foregoing, the OIIG made the following recommendations:

(1) The Cook County Sheriff's Office should issue discipline consistent with the gravity of the infraction committed by the subject CCSO officials for ordering their subordinates to participate in law enforcement activities outside of their jurisdiction, beyond their training and certification, and by ordering them to return the subject EMP participant directly to the CCDOC. *See* CCDOC Code of Conduct Section 101.3 *Compliance with all Laws, Ordinances and Regulations* and Section 101.5.5 Subsections (D) and (ak) *Performance* by failing to follow the protocols established by Procedure 108 of the CCDOC Procedure Manual.

(2) The subject CCSO officials, and any current and future supervisory staff, should receive in-depth training on the jurisdictional limitations and authority of officers possessing corrections officer certification and training.

(3) Internal procedures should be updated to include more detailed language relative to protocols on the apprehension of escapees. The names of obsolete units should be removed from the lexicon of the entire directive.

(4) The Fugitive Apprehension Unit should be relied upon to undertake activities associated with EMP participant apprehension.

The first recommendation remains pending as possible disciplinary action is currently under consideration by the CCSO. The CCSO adopted the second recommendation. The CCSO adopted the third recommendation in part by updating Procedure 108 but otherwise did not amend any remaining policies at this time. The CCSO adopted the fourth recommendation in part by agreeing that the Fugitive Apprehension Unit should be relied upon to undertake activities associated with EMP participant apprehension but does not agree that this unit should be the only one relied upon for this purpose.

IIG21-0334. The OIIG initiated this investigation after receiving a complaint that a pharmacist at Cook County Health (CCH) has been misusing Family and Medical Leave Act (FMLA) time and is excessively tardy. During the investigation, this office reviewed the subject pharmacist's Bureau of Human Resources ("BHR") FMLA documents and Cook County Time (CCT) Time and Attendance records. This office also conducted interviews with CCH employees, including the subject pharmacist.

The preponderance of the evidence from this investigation supports the conclusion that the subject pharmacist violated CCH Personnel Rule 8.3(d)(5) – Repeated Tardiness or Excessive Absenteeism when he reported for work late numerous days. A review of the subject pharmacist's Time and Attendance records revealed he has demonstrated a pattern of excessive tardiness. In April 2021, the subject pharmacist was tardy 14 of 16 days worked. In May 2021, he was tardy five times out of the six days he worked. In June, he was tardy 15 times out of 17 days he worked. Had management instituted progressive discipline, in April 2021 alone, the subject pharmacist would have been subject to a ten-day suspension in accordance with the Time and Attendance Policy. With his additional unexcused tardy events within the rolling twelve-month period after receiving a ten-day suspension, the pharmacist would have been subject to discharge from his employment with the CCH.

The preponderance of the evidence developed during the course of this investigation also supports the conclusion that the subject pharmacist violated CCH Personnel Rule 6.3(d)(10) - Family and Medical Leave Act Policy when he did not use FMLA for the purpose of his own serious medical condition, but to alleviate the potential consequences of excessive tardiness. Personnel Rule 6.3(d)(10) states: "Employees may only use FMLA leave for the purposes set forth in the approved requests. Employees must file additional FMLA requests to cover situations that may qualify for FMLA leave but are not covered by the approved request. Employees are entitled to a maximum of twelve weeks or equivalent hours of FMLA leave per year regardless of the number of FMLA requests that are made." It is clear that the subject pharmacist's pattern of tardiness in April 2021, in which he cited "child care" as the reason for his tardiness, continued in the following months. However, once his FMLA request was approved by BHR, he continued to follow the same pattern of tardiness, but began to cite FMLA as a reason for his tardiness. It is not plausible that the subject pharmacist would only experience a flair-up of his condition in the morning, which resulted in him being late for work each day for a few minutes each time. Additionally, the subject pharmacist grossly exceeded the parameters of his approved FMLA. His

eligibility allowed for flare-ups 4 times per month, lasting up to 1-2 days. However, the subject pharmacist utilized FMLA hours almost daily in derogation of his eligibility letter.

Based the foregoing, we recommended that disciplinary action be imposed upon the subject pharmacist consistent with the factors set forth in CCH Personnel Rule 8.4(c), including the severity of the circumstances under consideration.[17] This recommendation was made on December 29, 2021 and to date we have not received a response from CCH.

IIG21-0386. This investigation was initiated based on complaints alleging that a Cook County elected official hired a relative to a high-level position in the elected official's office in violation of Cook County Ethics Ordinance, Section 2-582(a) – Employment of Relatives (defined by Section 2-562).

The preponderance of the evidence developed in this investigation supports the conclusion that the subject elected official violated of Cook County Ethics Ordinance, Section 2-582(a) Employment of Relatives, which states, in part,

> No official, board or commission appointee or employee shall participate in a hiring decision, or shall employ or advocate for employment, in any agency over which such official, board or commission appointee or employee either serves or over which he or she exercises authority, supervision or control, any person who is a relative of said official or employee ….

The term "relative" is defined to include "first cousin." Cook County Ethics Ordinance, Section 2-562. The subject elected official violated this section by hiring the elected official's first cousin.

Based on the foregoing, we recommended that the subject elected official remove the elected official's first cousin from the position at issue. The subject elected official rejected our recommendation and continues to employ her first cousin.

IIG21-0454. This investigation was initiated based on a complaint by a police recruit alleging that the Forest Preserve District Police Department ("FPDPD") unjustifiably terminated him approximately four weeks after he entered the police academy. The investigation consisted of witness interviews and a review of the FPD Employment Plan, the FPD Police Officer Standard Job Description, Chicago Police Academy Training Invoices, records from the Complainant, Complainant FPD payroll records, Kentec Consulting Inc. service invoice, Lautenberg Certification, Criminal Background Check reports and Kentec Background Investigation reports.

The preponderance of the evidence developed during this investigation supports the conclusion that the decision to terminate Complainant was justified and in accordance with Section

[17] Recommendations relating to management's handling of the above-referenced time and attendance issues will be addressed in a separate summary report.

VIII(A)(16) of the FPD Employment Plan. As a condition of his offer of employment, Complainant was obligated to cooperate throughout the hiring process. Complainant's consistent failure to readily provide background investigators with the requested documentation and further failure to schedule meetings with investigators in a timely manner constituted a failure to cooperate with the background investigation and was thus a violation of the terms of his employment.

The preponderance of the evidence developed during this investigation also supports the conclusion that a high-ranking FPDPD official violated Personnel Rule 8.03(b)(13) by failing to reserve the signing of the Lautenberg Certification until the results of Complainant's criminal history check could be tendered to the FPDPD. Fortunately, Complainant did not possess a disqualifying criminal history. By its very terms, the certification affirms that the signatory has reviewed the criminal history report of the subject, that such report has no disqualifying information and that the subject is an employee of a law enforcement agency. These circumstances, pursuant to Illinois law,[18] permit a firearms dealer to dispense with the normal 72-hour waiting period to purchase a firearm. Thus, the subject official, by affirming that a criminal history check had been performed when in fact it had not, placed an individual in a position to immediately acquire a firearm without the required waiting period and possibly without a criminal history check by the dealer. This was negligent and an abrogation of the subject official's duties.

Finally, we note that an outside background investigation report costs $1,200.00. Thus, while waiting to receive the reports regarding Complainant and another recruit, the FPD incurred expenses of $5,828.20 in salary to Complainant, $4,960.23 in salary to the other recruit and a total of $3,976.00 in police academy fees for Complainant and the other recruit. This total of $14,764.43 significantly exceeds the $2,400.00 cost of the two background investigations and would not have been incurred had the FPD waited for the results of the background investigations prior to enrolling recruits at the academy. The subject high-ranking FPDPD official has recognized the need to amend the Employment Plan to change the process.

Based on the foregoing, we recommended that:

(1) The FPD issue appropriate disciplinary action in relation to the subject high-ranking police official attesting to facts in a Lautenberg Certification which were not true and potentially creating legal exposure for the FPD.

(2) The FPD, through modifications to the Employment Plan, adopt a policy of calling for the completion of background investigation reports prior to enrolling recruits in the police academy so as to avoid situations where the FPD invests significant financial resources in the form of payroll, benefits and police academy tuition (nearly $8,000.00 in the case of Complainant and $6,948.23 in the case of another recruit) only to later learn that the much less costly background check revealed disqualifying information.

[18] 720 ILCS 5/24-3(g).

The FPD rejected our first recommendation and adopted the second recommendation.

IIG21-0570. This investigation was initiated based on a complaint alleging that the Cook County Medical Examiner's Office (MEO) miscategorized the race of the complainant's deceased son (subject Decedent or Deceased) and subsequently informed the complainant repeatedly that the decedent's remains were not in the custody of the MEO when in fact her son's remains had been at the MEO for almost two months.

This investigation consisted of the review of Chicago Police Department (CPD) reports, Chicago Fire Department (CFD) reports, MEO LabLynx System case entries, MEO Forensic photographs, Medicolegal Death Investigator's report and photographs, MEO Inventory report, call logs and audio of telephone calls from the complainant to the MEO, and the initial telephone call from CPD to the MEO department of Investigations. The OIIG also conducted numerous interviews of MEO personnel.

The preponderance of the evidence developed during this investigation supports the conclusion that the Medicolegal Death Investigator (MDI) assigned to this matter violated Cook County Personnel Rule 8.2(b)(13) – Negligence in the Performance of Duties in that he relied on the unqualified assessment of a CPD officer in the proper identification of a decedent's race. In his OIIG interview, the subject MDI acknowledged that he should have been more vigilant. The subject MDI also failed to identify the error while conducting his follow-up scene investigation and make proper change to the "Race" value in the LabLynx System. Furthermore, the investigation revealed that during the autopsy phase, the assigned pathologist failed to recognize and communicate the inconsistencies between the listed race and physical remains. Although it is understandable that Forensic Technicians (FTs) during intake are not expected to question the "Race" value entered in the system, a pathologist at the autopsy phase should be attentive to such inconsistencies. Our investigation also revealed that although the FTs fielding the calls from the complainant acted professionally and attempted to assist the complainant in ascertaining if the Decedent was at the MEO, they failed to explain the process and all its nuances to the complainant. A more thorough explanation would have alleviated many of the problems reported by the complainant. Finally, our investigation also revealed that FTs do not currently possess the knowledge or training to thoroughly navigate the LabLynx System while communicating with callers in determining whether unidentified remains may be family members.

Based on the foregoing, we recommended:

1. The MEO should continue its efforts to hire Grief Counselors whose primary responsibility would be the coordination with next of kin regarding inquiries of unidentified remains.

2. The MEO should employ an enhanced system of communication protocols between MEO departments to improve sharing of information and updates regarding unidentified remains.

3. The MEO should implement a policy to direct Forensic Technicians fielding calls from next of kin to forward inquiries to Grief Counselors or MDIs once an initial search proves unsuccessful.

4. The MEO should implement a policy that mandates MEO personnel involved in all stages of the process (Intake, Photography, Inventory, Autopsy, Investigations) to immediately notify a supervisor upon discovering an inconsistency with a decedent's remains and listed demographic information in a report or the LabLynx System.

5. The MEO should update the Investigations Policy & Procedure Manual to include a discussion on the influence of decomposition and postmortem lividity on the presentation of skin pigmentation.

6. The MEO should impose discipline on the subject MDI consistent with prior similar instances of negligence.

7. The MEO should establish a process mandating pathologists to identify and correct inconsistencies contained in the LabLynx system with determinations made during autopsy.

8. The MEO should obtain a modification to the LabLynx System to enable the "Tentative Identification" field to be searchable thereby enabling relevant information such as identification cards to be properly considered in unidentified remains cases.

The MEO adopted all of our recommendations.

IIG21-0633. The OIIG opened this matter based on a complaint alleging that a high ranking official in the Cook County Bureau of Technology (BOT) harasses and creates a hostile work environment for an administrative assist working in BOT. During its investigation, the OIIG conducted interviews with various employees in BOT and reviewed numerous email communications between the subject official and the administrative assistant.

The preponderance of the evidence developed during the course of this investigation does not support the conclusion that the subject official violated the Equal Employment Opportunity Policy VII (b) - Harassment. There is no credible evidence that the subject official or his staff intentionally excluded the administrative assistant from payroll training as she alleged. In fact, two employees interviewed believed that the administrative assistant being left out of the training could have been accidental. There is also no evidence that the subject official maliciously left the administrative assistant off an email chain concerning a bonus check for non-union employees. The administrative assistant was left out of the email chain because she was not entitled to receive the non-union payment. As to an allegation by the administrative assistant that she received an email from the subject official concerning not being cleared to return to work, other employees

also received a similar email based on a list that may not have been updated. Lastly, none of the reviewed email communications sent by the subject official to the administrative assistant contain any epithets, nicknames, slurs, negative stereotyping, denigrating jokes, graphic material, or any threatening behavior that could be considered harassment.

Although the allegations of harassment were not sustained, the OIIG recommended that the administrative assistant's department clarify her responsibilities, specifically in relation to performing backup payroll functions. We also recommended that the administrative assistant be included in all payroll training that is relevant for her position.

BOT adopted both of our recommendations.

From the 3rd Quarter 2021

IIG20-0533-A. The OIIG opened this investigation based on a complaint alleging a full-time Cook County Health (CCH) House Administrator assigned to the Cook County Juvenile Temporary Detention Center (JTDC) is working full-time for Chicago Public Schools (CPS) in violation of CCH personnel rules regarding dual employment. During the investigation, this office reviewed the subject's CCH personnel file and documents obtained by subpoena from her secondary employer. This office also interviewed the subject CCH employee and her supervisor.

The preponderance of the evidence developed in this investigation supports the conclusion that the subject CCH employee violated Cook County Health and Hospitals System Personnel Rules, Report of Dual Employment – Section 12.3(2), which states in part, "Employees must complete, sign and submit the Report of Dual Employment Form prior to engaging in outside activities." It further states, "The Report of Dual Employment Form must be completed and signed by . . . (2) Any person who after entering County service as an Employee becomes engaged in any outside activities." According to records subpoenaed from CPS, the subject CCH employee began her employment on January 6, 2020; however, she did not provide a dual employment form to CCH until 11 months later, when the annual form was due in December 2020. The subject CCH employee failed to follow CCH personnel rules by not immediately informing CCH that she had outside employment before engaging in the work as required. Despite eventually submitting the dual employment form, it was never fully executed and only approved by her immediate supervisor. The document was never approved by the secondary approver. To date, the dual employment form remains in an unapproved status.

The subject CCH employee also violated Cook County Health and Hospitals System Personnel Rule, Parameters for Dual Employment – Section 12.4(a)(1). It states in part that, "Dual employment for System Employees is permissible only within the following considerations: (1) The outside activities do not exceed twenty (20) hours per week." According to the dual employment form submitted by the subject employee to CCH, she is a full-time employee at CPS and works 35 hours per week Monday through Friday. Her CPS payroll records confirmed that she

has worked an average of 72 hours per pay period since she began her dual employment on January 6, 2020.

The underlying reasoning supporting the policies cited here appropriately seek to strike a balance between the interests of an employee to have secondary employment with the important interest of CCH to prevent conflicts of interest and ensure that secondary employment does not interfere with CCH employment. Here, the subject employee has worked two full-time positions during the Monday to Friday cycle since January 2020 by working 10:00 p.m. to 6:00 a.m. at the JTDC and a full-time day shift at CPS. In this regard, we view these circumstances as far more concerning than a typical failure to report dual employment matter, especially when considering that the subject employee works in a healthcare environment. This is an aggravating factor that we believe no reasonable person would fail to recognize. *See* Cook County Health and Hospitals System Personnel Rules, Section 8.4(c)(2 and 3).

Based on the nature of the violations, we recommended the imposition of disciplinary action regarding the subject CCH employee based on the factors set forth in Cook County Health and Hospitals System Personnel Rules, Section 8.4(c)(1-5).

These recommendations were made on September 30, 2021, and to date we have not received a response from CCH.

IIG20-0533-B. This matter involves the supervisor of the CCH employee who was the subject of IIG20-0533-A, discussed above, and was part of that same investigation.

The preponderance of evidence developed in this investigation, as it relates to the CCH supervisor, supports the conclusion that she violated Cook County Health and Hospitals System Personnel Rule 8.3(b)(8), Negligence in Performance of Duties. The CCH supervisor failed to properly review and evaluate the secondary employment form submitted by the House Administrator. The subject supervisor stated in her OIIG interview that she was thoroughly versed in the personnel rules regarding secondary employment and would have known not to approve the House Administrators' secondary employment at CPS. In her OIIG interview, she provided no plausible explanation for the failure to recognize the House Administrator's violation of the rule on the face of the form. The CCH supervisor further explained that she was not aware that the House Administrator worked at CPS, the type of work she performed there or that she worked there full-time. These are all facts that a supervisor must consider before authorizing secondary employment.

Based on the foregoing, we recommended the imposition of disciplinary action for the failure of the CCH supervisor to adequately scrutinize the House Administrator's secondary employment form based on the factors set forth in the Cook County Health and Hospitals System Personnel Rule 8.4(c)(1-5), including the consideration of the level of discipline applied in other similar cases. We also recommended that the secondary employment forms approved by the

subject supervisor since December 2020 be reviewed for compliance with CCH personnel rules regulating secondary employment.

These recommendations were made on September 30, 2021, and to date we have not received a response from CCH.

IIG21-0337. This investigation was initiated by the OIIG based on a complaint alleging that a nurse had been taking medication home from Stroger Hospital and forwarding the medication out of the country to her family to subsequently be sold for personal gain. This investigation consisted of conducting interviews with the complainant, the subject nurse's secondary employer, and the subject nurse. The OIIG also recovered and inventoried the medication in question, reviewed the Cook County Health (CCH) Dual Employment Disclosure form and the Electronic Dispensary System Audit Transaction reports.

The preponderance of the evidence developed during this investigation supports the conclusion that the subject nurse violated CCH Personnel Rule 8.03(c)(9) - Theft or unauthorized possession of System property when she exerted unauthorized control over medication belonging to CCH. When interviewed, the subject nurse acknowledged inadvertently taking medications home from CCH but attributed it to being an oversight. She stated the medications were accidently left in her uniform pockets and she had forgotten to return them at the end of her shifts. However, she had no valid explanation as to why she never returned the medication the following day to CCH. The nurse denied stealing the medication, shipping it out of the country and subsequently facilitating its sale by her relatives. Although no evidence was obtained to corroborate that the subject nurse was shipping the medication to her relatives, the amount of medication discovered in her residence is of concern. While it is possible that nursing staff could forget about medication in a uniform pocket after the conclusion of a busy shift, it is absolutely unacceptable that it would never be returned when discovered. Moreover, in this case, the amount of medication recovered in her home was significant. The nurse could not provide a credible reason to account for the significant amount of medication that was recovered from her residence.

The preponderance of the evidence developed during this investigation also supports the conclusion that the subject nurse violated CCH Personnel Rule 8.03(c)(14) - Falsification of, or failure to complete, patient records. In order to obtain the medication from the Pixis System, the subject nurse would have had to access the Pixis System to obtain the medication for the purpose of administering it to her patient. When administering the medication to the patient, she would have had to scan the patient's identification wrist band and the medication to document that the patient received the medication. If the patient refused the medication after it had been scanned, the nurse was required to edit the medication administration in the medication administration record (MAR) system to reflect the patient refused the medication and, either dispose of the medication if said medication had been opened or return the unopened package to the Pixis. A review of the subject nurse's Audit Transaction Report revealed that she did not return any of the medications recovered from her residence to the Pixis System. Therefore, the subject nurse either falsely

documented that she administered medications to patients in the MAR, or she removed more medication from the Pixis System than authorized.

Based on the facts gathered in this investigation and the serious nature of the violations at issue, which constitute major cause infractions, the OIIG recommended that the subject nurse be terminated and that she be placed on the CCH *Ineligible for Hire List*.

CCH brought the subject to disciplinary hearing that concluded in the subject being counselled, coached and retrained on policy. Because the subject employee remains employed by CCH, the final recommendation becomes moot.

From the 2nd Quarter 2021

IIG20-0439. The OIIG received information that a uniform manufacturing company, failed to utilize a Minority-Owned Business Enterprise Subcontractor (hereinafter "MBE A.") as set forth in Cook County contracts with the company. This office reviewed the company's contracts with Cook County, the Minority-Owned and Women-Owned Business Utilization Plans, payment information, and Contract Compliance documents to evaluate whether company officials failed to comply with its Utilization Plans. Company officials did not respond to this office's requests for interviews.

The preponderance of evidence demonstrated the following:

- The subject company committed to use MBE A in the amount of $121,646.16 and a Women-Owned Business Enterprise (WBE) in the amount of $34,756.00 in a contract for the Juvenile Temporary Detention Center (JTDC). However, the subject company paid the WBE only $16,890.74 and did not utilize MBE A whatsoever.

- The subject company committed to use MBE B in the amount of $152,139 and to use a WBE in the amount of $60,855.95 in a contract for the Sheriff. However, the subject company paid MBE B only $1,595.00 and did not use a WBE whatsoever.

- The subject company committed to use MBE C for 12.5% ($6,139.97) of a contract for the Medical Examiner's Office. The Board of Commissioners approved the contract on January 24, 2019 for the period from February 1, 2019 through January 31, 2022. As of the date of this report, the subject company had not yet utilized MBE C.

Upon previously being asked by the Cook County Compliance Officer why the subject company did not satisfy its goals in the contract for the JTDC, a manager for the subject company said that MBE A was "unable to meet the needs of the order." This assertion lacks credibility when considering the subject company has demonstrated a pattern of presenting Utilization Plans that match the MBE/WBE goals set for the contracts and then only minimally utilizing (or not

utilizing) the MBE and WBE companies. We know that the subject company was aware of its obligations to submit written requests for changes to the Utilization Plans because it submitted such a request to replace MBE A with MBE B in the contract with the Sheriff. The subject company, however, never made any attempts to award any work to any of the MBE or WBE companies in another capacity outside of the Cook County contracts (as contemplated through the indirect use exception) or request modifications to the Utilization Plans to the Contract Compliance Directors. As a result, the evidence supports the conclusion that the subject company failed to comply with its Utilization Plans in good faith.

In addition, Section 2-285(a) of the OIIG Ordinance requires all County contractors to cooperate with the OIIG in the conduct of its investigations. This admonition is provided in all of the above-mentioned County contracts. Section 2-285 (b) further requires contractors to comply with OIIG requests in a timely fashion. This office requested the subject company to participate in an interview. An investigator subsequently forwarded the OIIG interview form and asked for the company manager's availability. The manager failed to respond to this email request and the follow-up attempts to contact her by OIIG Investigators all in violation of Sections 2-285(a) and 2-285(b).

Based on the foregoing, we recommended:

1. In accordance with Section 34-176 of the Cook County Code, the CPO should declare the subject company to be in material breach of the contracts above and that the CPO disqualify it from participation in any Cook County contracts and seek all available contractual remedies and penalties pursuant to the Procurement Code;

2. In accordance with Section 34-175 of the Cook County Code, the County should consider terminating the contract with the subject company and disqualifying it for a certain period due to the provision of false information in Utilization Plans concerning the existence of contractual participation with MBE and WBE subcontractors; and

3. In accordance with Section 2-291(b)(3) of the OIIG Ordinance, the subject company's existing contracts should be terminated and the company should be rendered ineligible for future contracts for a period of two years.

These recommendations were made on June 28, 2021, and to date we have not received a response from the County.

From the 1st Quarter 2021

IIG20-0149. This investigation was initiated based on a complaint alleging a Clinical Nurse at Cook County Health (CCH) failed to disclose secondary employment. The complaint also alleged that the subject nurse filed a false grievance statement claiming that when CCH hired her, she was denied health insurance benefits in violation of her Collective Bargaining Agreement. This

investigation consisted of an interview of the nurse, a review of her CCH personnel file, documents provided by the Cook County Department of Risk Management, and documents produced pursuant to subpoena by the nurse's secondary employer.

The preponderance of the evidence developed in this investigation supports the conclusion that the subject nurse failed to disclose her secondary employment, a violation of CCH Personnel Rule 12.3(1) which states:

> The System Report of Dual Employment Form must be completed and signed by CCHHS Employees annually, whether or not the Employee engages in outside activities, and must be submitted by the Employee to his/her direct supervisor for placement in the Employee's personnel file. Employees must complete, sign and submit the Report of Dual Employment Form prior to engaging in outside activities.
>
> The Report of Dual Employment Form must be completed and signed by the following:
>
> 1. Persons initially entering County service and assigned to work in the System.

As outlined above, the nurse was hired in June 2019 yet failed to disclose her secondary employment until December 2019. As acknowledged by the nurse in her OIIG interview, this represents a violation of CCH policy. Additionally, as demonstrated by the payroll records produced by her secondary employer, the nurse worked full-time (in excess of 20 hours per week) there for approximately five weeks while she worked at CCH. In this regard, the nurse also violated CCH Personnel Rule 12.4(a)(1) which limits secondary employment. Finally, the nurse violated CCH Personnel Rule 12.04(a)(2) by not having her secondary employment approved by her department head. This violation of CCH personnel rules stems from the nurse not initially submitting her dual employment form to make her department head aware that she had secondary employment.

Based on the preponderance of the evidence developed in this investigation, we believe the evidence fails to support the allegation that the nurse intentionally filed a false grievance alleging that she was denied health benefits as outlined in the applicable CBA. Although evidence supports the fact that a 3rd step grievance was filed, by the time the grievance was escalated to the 3rd step, the nurse had already obtained health benefits based upon a qualifying life event. The nurse provided documentation to the Cook County Department of Risk Management that she had lost benefits from her secondary employer, who provided her with a COBRA letter. Therefore, it ultimately allowed the subject nurse to obtain the benefits her grievance was premised upon. In other words, there was simply an error in the timing of when the 3rd step grievance was ultimately filed.

As presented above, the circumstances that prevented the subject nurse from enrolling in County health benefits were based upon her inactions and negligence upon entry to service at CCH. During her OIIG interview, the nurse admitted that she was careless in her responsibilities as a new CCH employee. According to the nurse, she was "too busy" and was unsure that she would keep the position at CCH due to various issues in her personal life at the time. Moreover, the nurse acknowledged that she was aware that there were deadlines for enrollment but failed to appreciate their importance. The nurse's general nonfeasance, coupled with the knowledge that she and her family were covered under existing benefits provided by her secondary employer resulted in her not enrolling and receiving benefits.

Based on all of the foregoing, we recommended that disciplinary action be imposed on the subject nurse consistent with the factors set forth in CCH Personnel Rule 8.3(a), including past practices involving similar cases. These recommendations were made on March 24, 2021, and to date we have not received a response from CCH.

From the 4th Quarter 2020

IIG20-0436. This investigation involved an allegation that a Cook County Heath (CCH) employee submitted Transportation Expense Vouchers ("TEV") containing false information for mileage and per diem reimbursement payments. The issue arose after the employee submitted a grievance claiming she failed to receive reimbursement by CCH for travel expenses. At the center of this grievance was whether the employee was entitled to receive compensation for both mileage and a travel per diem payment for the same workday. The information also suggested that the subject employee supported her grievance with reimbursement requests related to days when she was not at work and received improper per diem compensation on days for which she also received mileage reimbursement.

The preponderance of the evidence developed during this investigation revealed that the subject employee did submit TEVs which contained false information. The employee claimed and received per diem for 10 days when she was on vacation, sick leave, Family and Medical Leave Act leave or off for a CCH holiday. In addition, the employee submitted TEVs claiming reimbursement for both per diem and mileage for the same travel on 35 occasions. However, the investigation failed to demonstrate that the employee intentionally submitted false information. Rather, the preponderance of the evidence revealed that the employee was negligent when she drafted TEVs. Relying primarily on historic calendars contained within emails, the employee drafted TEVs *en masse* without regard to whether she had been on leave for a holiday, vacation or illness. The employee's negligence resulted in inaccurate TEV forms resulting in improper reimbursement and the mistaken belief that she was entitled to further compensation.

Although the employee had a plausible explanation for the errors contained in the TEVs, she nevertheless had an obligation to ensure that her expenses and related reimbursement requests

were accurate and compiled with all applicable policies.[19] The evidence revealed that the employee had in fact already been paid for travel mileage and/or per diem and had been careless in drafting her reimbursement requests. Furthermore, the employee stated she was not aware that she was prohibited from claiming both per diem and mileage for the same day because the CBA is not clear. However, statements provided by CCH employees suggest that she was informed of the restriction. Minimally, management's practice of prohibiting both mileage and a per diem payment for the same date working was soundly in place.

The union contended that the CBA is ambiguous with regard to the reimbursement option of per diem on the basis of $5.00 for each day worked and makes no mention as to whether it can be claimed in lieu of or in addition to mileage. Management asserted the language in the CBA and related policy make clear that an employee has the option of taking either per diem or mileage, but not both. The evidence demonstrates that management's interpretation has become the CCH policy, custom and practice on the issue. We concur with management's position on the issue. While the issue is not central to our recommendation pertaining to the subject employee, we recommended all staff be made aware of this practice, if it is not already clear, to avoid misunderstanding by staff.

In any case, the Cook County Travel and Business Expense Policy is clear regarding the responsibility to ensure the accuracy of expenses and related reimbursement requests. The subject employee failed to appreciate the importance of doing so and submitted requests in violation of the policy. Accordingly, we recommended CCH impose an appropriate level of discipline on the subject employee consistent with other similar cases of negligence in the course of duty. We also recommended that the subject employee repay Cook County for $235.00 in per diem travel reimbursement payments she was not entitled to receive.

These recommendations were made on December 11, 2020, and to date we have yet to receive a response.

Activities Relating to Unlawful Political Discrimination

New UPD Investigations

The OIIG has opened two UPD inquiries during the last reporting period. The OIIG also continues to assist and work closely with the embedded compliance personnel in the BHR, FPD, CCH, and Assessor by conducting joint investigations where appropriate and supporting the embedded compliance personnel whenever compliance officers need assistance to fulfill their duties under their respective employment plans.

[19] The 2017 Cook County Travel and Business Expense Policy and Procedures states, Excessive costs or unjustifiable costs are not acceptable and will not be reimbursed. The individual requesting reimbursement is responsible for ensuring that his/her expense and related reimbursement request complies with all applicable policies, is properly authorized, and is supported with necessary receipts and documentation.

Employment Plan – Do Not Hire Lists

The OIIG continues to collaborate with the various Cook County entities and the Cook County Compliance Administrator to ensure the lists are being applied in a manner consistent with the respective Employment Plans.

OIIG Employment Plan Oversight

Per the OIIG Ordinance and the Employment Plans of Cook County, CCH and the Forest Preserve District, the OIIG reviews, *inter alia*, (1) the hire of *Shakman* Exempt and Direct Appointment hires, (2) proposed changes to Exempt Lists, Actively Recruited lists, Employment Plans and Direct Appointment lists, (3) disciplinary sequences, (4) employment postings and related interview/selection sequences and (5) Supplemental Policy activities. In the last quarter, the OIIG has reviewed and acted within its authority regarding:

1. Seven proposed changes to the Cook County Actively Recruited List;
2. Five proposed changes to the Public Defender Actively Recruited List;
3. Two proposed changes to the Public Defender Direct Appointment List;
4. Eight proposed changes to the CCH Direct Appointment List;
5. Seven proposed changes to the CCH Actively Recruited List;
6. The hire of two CCH Direct Appointments;
7. Nineteen proposed changes to the Cook County Exempt List;

Monitoring

The OIIG currently tracks disciplinary activities in the Forest Preserve District and Offices under the President. In this last quarter, the OIIG tracked (and selectively monitored) 40 disciplinary proceedings including EAB and third step hearings. Further, pursuant to an agreement with the Bureau of Human Resources, the OIIG tracks hiring activity in the Offices under the President, conducting selective monitoring of certain hiring sequences therein. The OIIG also is tracking and selectively monitoring CCH hiring activity pursuant to the CCH Employment Plan.

Miscellaneous OIIG Activity

On February 2, 2022, the OIIG and the Cook County Board of Ethics issued a joint letter to all Cook County elected officials recommending that they review their own internal rules and policies to ensure that they are consistent with those set forth in the Cook County Ethics Ordinance. The letter further recommended that, to the extent an office elects to maintain existing rules and policies that deviate from the Ethics Ordinance and are less restrictive, the elected official for that office should alert their staff that they must adhere to the Cook County Ethics Ordinance notwithstanding any internal rule or policy.

Conclusion

Thank you for your time and consideration to these issues. Should you have any questions or wish to discuss this report further, please do not hesitate to contact me.

Very truly yours,

Patrick M. Blanchard
Independent Inspector General

cc: Attached Electronic Mail Distribution List

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