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
2nd Quarter 2022

July 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

July 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 (2nd 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 April 1, 2022 through June 30, 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 36 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, 98 OIIG case inquiries have been initiated during this reporting period while a total of 134 OIIG case inquiries remain pending at the present time. There have been 65 matters referred to management or other enforcement or prosecutorial agencies for further consideration. The OIIG currently has a total of 58 matters under investigation. The number of open investigations beyond 180 days of the issuance of this report is 29 due to various issues including the nature of the investigation, availability of resources and prosecutorial considerations.

OIIG Summary Reports

During the 2nd Quarter of 2022, the OIIG issued 14 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]

IIG22-0113. The OIIG conducted a review for dual employment compliance of Cook County employees who applied for federal Small Business Administration Paycheck Protection Program loans ("PPP loan")[3] to determine whether information submitted by County employees for the PPP Loans was consistent with Cook County records and/or in violation of any County Personnel Rules. Based on the review, it was discovered that a Cook County Department of Revenue (DOR) employee obtained two federal PPP loans totaling $38,858 for which she disclosed being a "self-employed" individual. The OIIG conducted an investigation to determine if the DOR employee maintained an outside business and informed her County employer that she was engaging in secondary employment as required by Cook County Personnel Rules.

This investigation consisted of a review of the DOR employee's County personnel file, public and subpoenaed federal Small Business Administration PPP loan records, Illinois Secretary of State Corporation/LLC search records, U.S. Bankruptcy Court documents, and a public LinkedIn profile for the DOR employee and an interview of the subject DOR employee.

The preponderance of evidence developed in this investigation supports the conclusion that the subject DOR employee violated Cook County Personnel Rule 8.2(a)(36) – Conduct Unbecoming. The records establish, and the DOR employee admitted, that she falsely claimed to own a business that did not exist in order to obtains funds through a federal PPP loan. The DOR employee also admitted to improperly spending those funds on personal expenses. Committing financial fraud directed at the federal government (while at times clocked-in at her County job) tarnishes the DOR employee's reputation and brings discredit to the County as it can erode the public's trust in Cook County government, the Department of Revenue and its employees.

The preponderance of evidence developed in this investigation also supports the conclusion that the subject DOR employee violated Cook County Personnel Rule 8.2(b)(32) – Unauthorized Use of County Technology. During her OIIG interview, the DOR employee admitted that she used

[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.

[3] The CARES Act is a federal law enacted on March 29, 2020 to provide emergency financial assistance in connection with economic effects of the COVID-19 pandemic. One source of relief provided by the CARES Act was the authorization of up to $349 billion in forgivable loans to small businesses for job retention and certain other expenses, through the Payment Protection Program. The program allows qualifying small businesses and other organizations to receive loans with a maturity of two years and an interest rate of 1%. PPP loan proceeds must be used by businesses on payroll costs, and interest on mortgages, rent, and utilities for qualifying businesses. The program allows the interest and principal on the PPP loan to be forgiven if the business spends the loan proceeds on these expense items within a designated period of time after receiving the proceeds and uses at least a certain percentage of the PPP loan proceeds on payroll expenses.

the County's printer as a resource to print materials associated with her fraudulent PPP loan. Further, the DOR employee disclosed that she had also used her County computer and laptop while on County time to check emails regarding the status of her PPP loans. Though she could not recall for sure, the DOR employee also believed that she had utilized the County's scanner to scan documents related to her fraudulent PPP loan. Therefore, the evidence supports the conclusion that the DOR employee violated the County's personnel rules by using County time and resources to perpetuate her PPP loan fraud activities.

Based on the serious nature of the misconduct, the sensitive placement of the subject employee in the Department of Revenue, along with other aggravating factors, we recommended that the subject DOR employee's employment be terminated and that she be placed on the *Ineligible for Rehire List*. This recommendation is currently pending.

IIG22-0119. The OIIG conducted a review for dual employment compliance of Cook County employees who applied for federal Small Business Administration Paycheck Protection Program loans ("PPP loan") to determine whether information submitted by County employees for the PPP Loans was consistent with Cook County records and/or in violation of any County Personnel Rules. Based on this review, it was discovered that a Cook County Comptroller employee obtained a PPP loan of $20,832 for which she disclosed being a "Sole Proprietor" of a business. The OIIG conducted an investigation to determine if the Comptroller employee maintained an outside business and whether this was reported as secondary employment as required by Cook County Personnel Rules.

This investigation consisted of a review of the Comptroller employee's personnel file, public and subpoenaed federal Small Business Administration PPP loan records, Illinois Secretary of State Corporation/LLC search records, a public Instagram profile and an interview of the subject Comptroller employee.

The preponderance of evidence developed in this investigation supports the conclusion that the subject Comptroller employee violated Cook County Personnel Rule 8.2(a)(36) – Conduct Unbecoming. During her OIIG interview, the Comptroller employee admitted that she misrepresented information about her business and its operations when applying for a federal PPP loan. The Comptroller employee told the OIIG that she intentionally misrepresented the gross receipts of her business because she knew that by doing so she would qualify for a larger PPP loan. She further admitted to the OIIG that all the figures she conveyed about her business on the PPP loan forms were arbitrary figures which did not represent any actual business that she conducted in 2020. The Comptroller employee also admitted that she used loan funds for personal family vacations, not a permitted business expense, on several occasions. We believe that committing financial fraud directed at the federal government tarnishes the Comptroller employee's reputation and brings discredit to the County as it can erode the public's trust in Cook County government, the Comptroller's Office and its employees. This is especially so in this case considering that the subject employee is employed by an office of County government that handles payroll and other financial matters.

The preponderance of evidence developed in this investigation also supports the conclusion that the Comptroller employee violated Cook County Personnel Rule 13.2(b) – Report of Dual Employment. This rule states that any person who after entering the service as an employee becomes engaged in any gainful employment must execute a dual employment form. Evidence obtained during this investigation and statements made by the Comptroller employee during her OIIG interview shows that she earns money through personal business activities (albeit far less than what she claimed on her PPP loan application) which should have been reported to the County as additional employment.

Based on the serious nature of the misconduct outlined above, as well as in consideration of the Comptroller employee's sensitive placement in government, we recommended that the Comptroller employee's employment be terminated and that she be placed on the *Ineligible for Rehire List*. This recommendation is currently pending.

IIG22-0121. The OIIG conducted a review for dual employment compliance of Cook County employees who applied for federal Small Business Administration Paycheck Protection Program loans ("PPP loan") to determine whether information submitted by County employees for the PPP Loans was consistent with Cook County records and/or in violation of any County Personnel Rules. Based on this review, it was discovered that a Payroll Supervisor in the Cook County Comptroller's Office sought two PPP loans totaling $41,510 in which she disclosed being a "Sole Proprietor" of a business. The OIIG conducted an investigation to determine if the subject Payroll Supervisor informed her County employer that she was engaging in secondary employment as required by Cook County Personnel Rules.

This investigation consisted of a review of the Payroll Supervisor's County personnel file and public and subpoenaed federal Small Business Administration PPP loan records, an Illinois Secretary of State Corporation/LLC search, a timekeeping records review, a review of a public LinkedIn profile, and an interview of the subject Payroll Supervisor.

The preponderance of evidence developed in this investigation supports the conclusion that the subject Payroll Supervisor violated Cook County Personnel Rule 8.2(a)(36) – Conduct Unbecoming. During her OIIG interview, the Payroll Supervisor admitted that she signed two loan applications falsely stating that she owned a business and falsely stating that she had earned revenue from that business in the amount of $107,000. She further admitted that this information was submitted on her behalf for the purpose of obtaining $41,510 in government funds which she then spent on personal expenses. The Payroll Supervisor is experienced in tax and financial matters and acknowledged that she knew early on that it was potentially wrong for her to spend the PPP funds. Committing financial fraud directed at the federal government (while at times clocked in to her County job) tarnishes the Payroll Supervisor's reputation and brings discredit to the County as it can erode the public's trust in Cook County government, the Comptroller's Office and its employees. This is especially true in this case considering that the Payroll Supervisor is employed by an office of County government that handles payroll and other financial matters on behalf of the County and its elected officials. The violation is further aggravated by the fact that

some of the Payroll Supervisor's conduct in obtaining the loans at issue occurred during her working hours at the County.

Based on the serious nature of the misconduct, the Payroll Supervisor's sensitive placement in government, as well as other aggravating factors present, we recommended that the Payroll Supervisor's employment be terminated and that she be placed on the *Ineligible for Rehire List*. This recommendation is currently pending.

IIG22-0133. The OIIG conducted a review for dual employment compliance of Cook County employees who applied for federal Small Business Administration Paycheck Protection Program loans ("PPP loan") to determine whether information submitted by County employees for the PPP Loans was consistent with Cook County records and/or in violation of any County Personnel Rules. Based on this review, it was discovered that a Cook County Board of Review (BOR) employee sought a PPP loan totaling $18,750 in which she disclosed being a "Sole proprietor" of a business. The OIIG conducted an investigation to determine if the BOR employee maintained an outside business and properly informed her County employer that she was engaging in secondary employment as required by Cook County Personnel Rules.

This investigation consisted of reviewing the BOR employee's personnel file, public and subpoenaed federal Small Business Administration PPP loan records, Illinois Secretary of State Corporation/LLC search records, and a business license verification from a suburban municipality. The OIIG also interviewed the subject BOR employee.

The preponderance of evidence developed in this investigation supports the conclusion that the BOR employee violated Cook County Personnel Rule 8.2(a)(36) – Conduct Unbecoming. The records establish, and the BOR employee admitted, that she made false statements on her loan application in order to obtain $18,000 in federal PPP loan funds. The BOR employee also revealed that she falsified information in her second PPP loan application to get an approval after her previous PPP loan application was denied. PPP loans are a federal program created to help struggling businesses during the Covid-19 pandemic. However, the subject BOR employee used the PPP funds on travel and not for their intended purpose. Committing financial fraud directed at the federal government tarnishes the BOR employee's reputation and brings discredit to the County as it can erode the public's trust in Cook County government, the Board of Review and their employees.

Based on the serious nature of the misconduct, the willful nature of the conduct and the sensitive role the BOR employee holds in the Board of Review, we recommended that her employment be terminated. This recommendation is currently pending.

IIG19-0133. This investigation was initiated from an anonymous complaint alleging a full-time employee (Employee) of the Cook County Board of Review (BOR) was not performing meaningful duties in support of the mission of the BOR and was performing political business while on Cook County time. Although the complaint did not cite specific examples to support the

allegations, the complaint did reference a general time frame in which the incidents allegedly occurred. For that reason, our office focused on the Employee's actions during that time frame. During the investigation, the OIIG interviewed the subject employee and a BOR Commissioner familiar with the subject employee.

The allegations accusing the subject Employee of not performing meaningful work in support of the mission of the BOR were not substantiated by this investigation. Interviews of the Employee and a BOR Commissioner provided this office with specific examples of the Employee's efforts in support of the BOR during the time frame of the complaint. These efforts included coordinating a project to automate the property tax appeal process within the BOR and managing the BOR outreach initiatives. No recommendations were offered.

IIG20-0250. This investigation involved an allegation that a full-time Correctional Psychiatrist ("Staff Psychiatrist") at Cermak Health Center has been residing full-time in the State of Maine while being a full-time employee of Cook County Health ("CCH") since 2014. During our investigation, this office reviewed the Staff Psychiatrist's CCH personnel file, activity logs provided by the Staff Psychiatrist's Supervisor, and a CCH Telework Approval letter. This office also interviewed the Staff Psychiatrist, a former Interim Site Administrator for Cermak Health Center, and the Staff Psychiatrist's Supervisor.

Due to the lapse of time, this office declined to make factual findings related to the circumstances surrounding the apparent failure of Cermak Health Services to adhere to the then recently adopted *HHS Employment Plan* (October 23, 2014) concerning the employment arrangement created between Cook County and the Staff Psychiatrist. That is, the nature of the Staff Psychiatrist's employment changed considerably and no evidence of reclassification (Art. XII), temporary assignment (Art. XII), transfer (Art. XII) or actively recruited hiring (Art. IX) activity exists. These deficiencies appear to continue to exist today.

When the Staff Psychiatrist received her Cermak staff appointment in November 2014 to provide tele-psychiatric duties under the current arrangement, Cermak was experiencing difficulty in recruiting and retaining correctional psychiatrists for the clinical needs of Cermak as well as to meet mandates established in connection with oversight by the Department of Justice. The letter agreement entered into at the time is explicit in the unique nature of the arrangement and was directly tied to an "emergency situation at Cermak." The Staff Psychologist's Supervisor has suggested that the emergency staffing situation is even worse now when considering that the number of patient contacts has significantly increased without a proportional increase in staff. We do not believe, however, that the shortage of staff psychiatrists should prevent compliance with the provisions of the *HHS Employment Plan* and *Supplemental Policies* which outline options to address such circumstances.

We believe that the Staff Psychologist's Supervisor assumed responsibility over the Staff Psychiatrist when a former Interim Site Administrator retired in 2015. The Supervisor has acknowledged that the Staff Psychiatrist became a member of his staff for which he has oversight

responsibility. The Supervisor has stated that the Staff Psychiatrist performs the same duties as her peers, yet the evidence has confirmed that this is not the case. In fact, the Staff Psychiatrist does not perform infirmary shifts or any of the other duties required of her peers that can only be accomplished on-site. The Staff Psychiatrist's job description fails to capture this important condition of employment. The evidence also supports the conclusion that the Supervisor inappropriately perceived that the Staff Physician had a disability or other physical condition which prevented him from reconsidering her remote practice from Maine.

Accordingly, the preponderance of the evidence developed in this investigation supports the conclusion that the Staff Psychologist's Supervisor violated Cook County Health Personnel Rule 8.3(d)(2) by failing to properly administer oversight of the Staff Psychiatrist.

Based on the foregoing, we recommend that (a) the current employment arrangements between HHS and the Staff Psychiatrist be concluded in favor of a thoroughly considered and vetted employment arrangement that is arrived at in accordance with the *HHS Employment Plan* and *Supplemental Policies*, as well as other involved statutes and policies. We also recommend that the Staff Psychologist's Supervisor be admonished and instructed to adhere to all applicable HHS policies and procedures.

These recommendations are currently pending.

IIG21-0466. The OIIG initiated this investigation after receiving a complaint that a Cook County Health (CCH) employee may not be using her Family and Medical Leave Act (FMLA) time for its intended purpose but instead may be using FMLA days to run her outside business that was never reported under the CCH dual employment policy.

The preponderance of the evidence developed during this investigation supports the conclusion that the subject CCH employee violated CCH Personnel Rules 12.3 and 12.05 relating to outside employment when she failed to disclose her outside employment endeavors. When interviewed by the OIIG, the employee stated she did not have an outside business to report. The employee also falsely denied that she had a bank account for her business which was intended to mislead the OIIG Investigators. When presented with details about her consulting business, the employee admitted that she did start a business in 2020 hoping to make more money on the side.

The preponderance of the evidence developed during this investigation also supports the conclusion that the subject CCH employee violated CCH Personnel Rule 6.3(d)(10) - Family and Medical Leave Act Policy. Financial records corroborate the employee being in locations outside of Chicago during her FMLA days. This investigation also revealed other similar suspicious activity, such as the subject CCH employee using FMLA leave to take off two to three days per week in 2021. Other patterns included the employee using FMLA leave every Thursday in May, June, and July of 2020, every Wednesday in March 2021, and almost every Friday in April 2021. When OIIG Investigators inquired into the apparent pattern reoccurring on certain days of the week, the employee stated that "whenever the episodes happen is when they happen." However,

we have determined that, based on the totality of the evidence, the subject employee's FMLA usage demonstrates a pattern of abuse rather than coincidence.

Based on our findings, we recommended that disciplinary action be imposed upon the subject CCH employee consistent with the factors set forth in CCH Personnel Rule 8.4(c), including past practice involving similar cases. This recommendation is currently pending.

IIG21-0704. The OIIG received information alleging that the manner used by the Cook County Assessor's Office (CCAO) to assess a property located in Dolton was improper which resulted in the property owner not having to pay taxes after the subject property was sold in 2017. Accordingly, the OIIG conducted background research pertaining to the assessment records, sales activity, and related property taxes owed and paid by the owners of the Dolton property. During our investigation, we also obtained relevant tax liability and assessment information.

The preponderance of evidence developed during this investigation established that the purchaser bought the subject property in November 2019 not in 2017. In addition, based on the assessment records and tax bills issued, the subject property was assessed by the Assessor's office, and a corresponding tax liability amounting to zero was proper for tax year 2019 because the bill reflected an assessment and tax bill belonging to the previous individual owner. Furthermore, after the purchaser bought the property and became the legal owner for tax years 2020 and 2021, the exemptions previously granted, which contributed to a zero-tax bill were appropriately removed from the tax calculation by the CCAO which resulted in a proper assessment and tax bill for 2020 and 2021. No recommendations were offered.

IIG21-0706. This investigation was initiated based on a complaint alleging that the Cook County Sheriff's Office ("CCSO") administrative personnel have decreased the timely service of Orders of Protection ("OP") by deprioritizing their importance while shifting the focus of the Civil Division – Markham Civil Process ("MCP") resources towards the service of other court orders in contravention of CCSO policy. This investigation consisted of witness interviews and a review of records detailing the 66,377 court orders processed through the MCP between August 2, 2021 and January 31, 2022.

The preponderance of the evidence developed during this investigation fails to support the allegation that OPs were being deprioritized within MCP. Rather, the evidence reveals that the MCP administers OPs in compliance with the parameters established by policy. Accordingly, the allegation was not sustained and no recommendations were offered.

IIG22-0017. This investigation was based on a complaint alleging an employee of the Office of the Chief Procurement Officer (CPO) was asked by a senior CPO management official to provide information on a pending matter. The complainant raised an important concern that the request may have been inappropriate after learning the request was being made on behalf of an elected official who had earlier contacted the CPO. This investigation consisted of interviews of CPO employees having direct knowledge of the incident giving rise to this inquiry.

The preponderance of the evidence developed during this investigation fails to support the allegation that senior members of the CPO wrongly disclosed information pursuant to an inquiry from an elected official. Based upon the interviews conducted in this matter, we have concluded the request from the elected official was properly addressed by the CPO. In doing so, we note there are legitimate reasons for elected officials to seek information from the Cook County CPO so long as such inquiries do not violate law or policy or in any way jeopardize the integrity of the bidding process while maintaining the transparency of it. The evidence supports the conclusion that this is what transpired in this case.

IIG22-0019. This matter is based on a complaint alleging that an employee with the Landscaping Maintenance Department (LMD) of the Forest Preserves (FP) was transferred to a position for political reasons and in violation of the Forest Preserves District transfer policy. The OIIG conducted interviews with Employee A, a Human Resources Analyst (HR Analyst), the Director of Human Resources for the Forest Preserves (DHR) and Employee B. The OIIG also reviewed the Collective Bargaining Agreement for Teamsters Local 700 (CBA), the FPD supplemental policies, transfer request forms, email exchanges between human resources and the LMD, and multiple email exchanges between Employee A and the DHR.

The preponderance of the evidence developed during this investigation fails to support the conclusion that the FPD transferred Employee A for political reasons in violation of the CBA or related policies prohibiting unlawful prohibited activity. The evidence establishes that an error was made in the transfer due to a clerical mistake by HR which resulted in an inaccurate seniority list being provided to the LMD. The mistake was inadvertent and was corrected by the HR Analyst within a week of the transfer. The DHR has instructed the HR Analyst on the proper way to determine seniority in the future. Accordingly, the allegation was not sustained.

IIG22-0036. This investigation was based on a complaint alleging that an incumbent Cook County Bureau of Administration (BOA) Administrative Assistant V (AAV), a *Shakman* exempt position, does not perform the duties outlined in the job description. The complaint further alleged that the AAV conducts only ministerial functions and produces little to no work product contemplated by the parameters of the job description.

The parameters for the designation of a government job as exempt from the protections afforded by the First and Fourteenth Amendments to engage in political association can be found in the Cook County *Employment Plan*, 1994 Consent Decree entered in *Shakman v. Cook County Democratic Party*, 69 C 2145 (N. D. Ill) and legal precedent, including the Supreme Court's holding in *Branti v. Finkel*, 445 U.S. 507 (1980). In *Branti*, the Supreme Court held that the ultimate inquiry in determining whether government positions are exempt from First Amendment protections is not whether the label "policymaker" or "confidential" attaches to a position, rather the question is whether the hiring authority can demonstrate that party affiliation is an appropriate requirement for the effective performance of the public duties involved. The 1994 *Shakman* Consent Decree parallels the holding in *Branti* wherein it directed "[t]he criteria for the positions to be Exempt Positions is that the job involves policymaking to an extent or is confidential in such

a way that political affiliation is an appropriate consideration for the effective performance of the job and that therefore hiring or discharge from the job should be exempt from inquiry under this Judgment and the Consent Judgments." Section II of the Cook County *Employment Plan* adopts this language in defining which positions may be designated as exempt.

During our investigation, this office reviewed the incumbent AAV's job description and interviewed the incumbent AAV, the AAV's *de facto* Supervisor, and the BOA Chief Administrative Officer ("CAO"). The preponderance of the evidence developed in this investigation supports the conclusion that the AAV does not perform most of the core responsibilities and duties outlined in the Administrative Assistant V position job description. The position description itself contains several of the functions associated with exempt status under *Branti*, namely that the AAV is responsible for assisting the CAO in developing new policies, procedures, and programs. However, based on witness interviews, the AAV does not perform any such duties and appears to function nearly exclusively as a warehouse records clerk.

Despite being asked several times about duties apart from record maintenance, the AAV could not articulate any additional duties that corresponded with the position description, and which would meet the standard for exempt status. This information was confirmed in the interviews with the CAO and the Supervisor. We also note that the Supervisor, who is not exempt, appears to be the AAV's *de facto* supervisor. This circumstance highlights the concerns of this office that the AAV is not functioning in a manner consistent with exempt status under *Branti v. Finkel*.

Based on the foregoing and pursuant to Section XII.C.2. of the *Employment Plan*, we recommended that Cook County remove the Administrative Assistant V title from the Exempt List and that the AAV be reclassified in accordance with the functions being performed. This recommendation is currently pending.

IIG22-0044. This investigation was based on a complaint alleging that an employee at the Sand Ridge Nature Center (SRNC) of the Cook County Forest Preserves clocks in and out from work as she pleases, starts work off-site on random days, and leaves work without any explanation or permission from the SRNC Director. It was further alleged that the employee fails to properly winterize the outdoor bird enclosures during the winter months, fails to add perches to the enclosures, and fails to clean up animal feces which caused a wild turkey to contract a bacterial foot disease. It was also alleged that the subject employee hides veterinarian medical examination records from the staff and neglects and abuses the animals by failing to take them on scheduled visits to the veterinarian.

During this investigation, OIIG investigators interviewed the Forest Preserves Chief Wildlife Biologist, the SRNC Director of Operations ("Director"), the Complainant, and the subject employee. Investigators also reviewed the Forest Preserves *Standard of Care Policy for Nature Centers*, as well as the subject employee's Cook County Time Records and conducted an on-site visit at the SRNC.

The preponderance of the evidence developed in this investigation fails to support a finding that the subject employee was abusing and neglecting the animals at the SRNC. When investigators conducted their on-site visit at the SRNC, the nature center exhibits looked clean and habitable, and every aquatic tank and enclosure had plenty of fresh water, fresh food, and new bedding. The on-site visit revealed that the birds had plenty of perches to sit on and huts to shield them from the cold weather. Despite concerns of severe abuse on part of the subject employee, several witnesses including the Director attested that animal care is done by everyone at the SRNC, not just one person. Moreover, insufficient evidence exists to conclude the subject employee is hiding veterinarian records as those records are available to all at the SNRC.

The evidence also fails to support the allegation that the subject employee has been habitually tardy or absent from work. The Director and the subject employee confirmed that her job functions occasionally require her to start work in the field.

As the allegations were not sustained, no disciplinary action was recommended. However, this case presents other issues that should be addressed:

(a) The subject employee purports to be hearing impaired which has allegedly created a communication barrier between her and her co-workers at the SRNC. The OIIG recommended that this issue be explored with the subject employee and that an interactive process be conducted to identify whether a reasonable accommodation may be available to facilitate communication between the subject employee and her co-workers.
(b) The OIIG also recommended that the SRNC Director establish enumerated duties, responsibilities and schedules related to animal care, exhibit maintenance and record of activity.

These recommendations are currently pending.

IIG22-0086. This investigation was based on a complaint alleging that in February of this year, a member of the public ("complainant") entered the Cook County Clerk's Office Vital Records ("Vital Records") Department in Maywood to obtain her son's birth certificate. The complainant asserted that a Clerk in that office flirted with her as she was conducting personal business. The complainant alleged that after she left Vital Records, the Clerk called her on her personal cell phone and asked if she was missing a Tiffany's bracelet. The complainant returned to the office and was told by the Clerk that he did not possess her missing bracelet. The complainant also stated that the Clerk acted unprofessionally at that time.

This office interviewed the complainant, three Vital Records employees, the subject Clerk, and the Vital Records Supervisor. This office also reviewed a screen shot from the complainant's cell phone and reviewed the surveillance footage obtained from the Vital Records building.

The preponderance of the evidence developed during this investigation fails to support the allegation that the Clerk committed an act of customer theft or engaged in customer abuse or harassment. The Clerk denied that he stole the complainant's bracelet, and no video evidence exists to support the allegation. Moreover, witness statements support the narrative provided by the Clerk that he assisted the complainant in searching for her missing bracelet after contacting her to report the possible existence of her bracelet outside the building. Similarly, witness statements failed to corroborate the complainant's assertion that the Clerk V acted unprofessionally. Accordingly, this matter was not sustained.

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 1st Quarter 2022

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 Board.[4] 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.

[4] 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."

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:

- 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 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 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.

The Department adopted the OIIG recommendation and adopted the *Brady* Material Disclosure Policy No. 605 (May 2022).

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.[5] 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:

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)."

[5] 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).

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").[6]

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

[6] 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.

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.

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 foregoing 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.

EMRS accepted both OIIG recommendations.

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 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.

The CCAO did not agree with the first OIIG recommendation. The CCAO accepted the last four OIIG recommendations.

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.

FMD substantially adopted all of these recommendations.

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.

The MEO adopted all of the OIIG recommendations.

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 any 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 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 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 foregoing, 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.*

The Sheriff's Office has placed the subject on its *Ineligible for Hire List* and is in the process of recouping losses.

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.

CCH adopted all three OIIG recommendations.

From the 4th Quarter 2021

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 CCSO adopted the first recommendation to impose disciplinary action as well as 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.[7] This recommendation was made on December 29, 2021 and to date we have not received a response from CCH.

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

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.

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.

Activities Relating to Unlawful Political Discrimination

In April of 2011, the County implemented the requirement to file Political Contact Logs with the Office of the Independent Inspector General. The Logs must be filed by any County employee who receives contact from a political person or organization or any person representing any political person or organization where the contact relates to an employment action regarding

any non-Exempt position. The OIIG acts within its authority with respect to each Political Contact Log filed. From April 1, 2022, to June 30, 2022, the Office of the Independent Inspector General received eight Political Contact Logs.

Post-SRO Complaint Investigations

The OIIG received one new Post-SRO Compliant during the last quarter. It is the only pending Post-SRO Compliant.

New UPD Investigations not the result of PCLs or Post-SRO Complaints

The OIIG opened one UPD inquiry 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.

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. Twenty proposed changes to the Cook County Actively Recruited List;
2. Ten proposed changes to the CCH Direct Appointment List;
3. Twenty-three proposed changes to the CCH Actively Recruited List;
4. The hire of four CCH Direct Appointments;
5. Twenty proposed changes to the Cook County Exempt List;
6. Twelve proposed changes to the Cook County Employment Plan;
7. Two proposed changes to CCH Employment Plan;
8. Two proposed Employment Plan Exceptions for CCH;
9. One proposed Emergency Certification & Temporary Hires for CCH;
10. Three Exempt Certifications for Cook County Forest Preserves;

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) 24 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

Please be aware that my office exercised its authority pursuant to Sec. 2-284(15) of the OIIG Ordinance by entering into a *Memorandum of Understanding* between the OIIG and the Clerk of the Circuit Court to engage in a joint investigation into potentially fraudulent activity by employees of the Clerk of the Circuit Court with respect to secondary employment and applications for Paycheck Protection Program loans. A copy of the *Memorandum of Understanding* is attached.

In connection with hiring, I am pleased to report that two very experienced individuals have recently joined the OIIG. Investigator Katherine McKay joins the office having served 16 years as a Cook County assistant state's attorney in a wide range of assignments including to 1st chair in the Felony Trial Division and as a trial supervisor. Investigator Elizabeth Brett also joins the OIIG with significant experience having practiced law in the area of commercial litigation for several years before joining the Civilian Office of Police Accountability where she has been a major crimes specialist for five years.

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

Office of the Independent Inspector General Quarterly Report
Electronic Mail Distribution List

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CLERK OF THE CIRCUIT COURT
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OFFICE OF THE CLERK OF THE CIRCUIT COURT OF COOK COUNTY

Patrick M. Blanchard
Inspector General
69 West Washington Street
Suite 1160
Chicago, IL 60602

Re: Memorandum of Understanding – CCC OIG Joint Investigation with OIIG on PPP Loan

Dear Inspector General Blanchard,

This letter serves to confirm our agreement to engage in a joint investigation between the Office of the Independent Inspector General (OIIG) and the Office of the Inspector General (OIG) for the Clerk of the Circuit Court of Cook County (CCC) into potentially fraudulent activity by employees of the Clerk of the Circuit Court with respect to secondary employment and the applications of Paycheck Protection Program loans (herein PPP Loan). Your office provided my office with a list of CCC employees, under our jurisdiction, who were discovered to have applied for PPP Loans for business they purported to own and operate. We asked your office to assist in the investigation pursuant to your (OIIG) enabling ordinance, Cook County Code, Section 2-284(15). We agree to work jointly to identify any employees of CCC that violated any policies of CCC when applying for, receiving or conducted any fraudulent activity in conjunction with a PPP Loan.

We agreed that OIG and OIIG will provide complete access to all files, records, or information discovered or produced of CCC employees related to the PPP loan investigation. We agreed that all interviews related to of CCC employees related to the PPP loan investigations may be conducted jointly with a member from each of our offices participating. We agreed that at the conclusion of the joint investigation, OIG will prepare a report of our findings and any recommendations that will be forwarded to CCC Chief Human Resource Officer for potential discipline. A copy of that report will be provided to your office. The OIG agrees to assert the same privileges and protections that may inhere over OIIG files, as against any effort by a third-party to obtain them from OIG.

James Murphy-Aguilu
Inspector General

Acknowledged and agreed to by:

Patrick M. Blanchard