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
4th Quarter 2021

January 14, 2022

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

January 14, 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 (4th Qtr. 2021)

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 October 1, 2021 through December 31, 2021.

OIIG Complaints

The Office of the Independent Inspector General (OIIG) received a total of 201 complaints during this reporting period.[1] Please be aware that 21 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, 53 OIIG case inquiries have been initiated during this reporting period while a total of 77 OIIG case inquiries remain pending at the present time. There have been 57 matters referred to management or other enforcement or prosecutorial agencies for further consideration. The OIIG currently has a total of 47 matters under investigation. The number of open investigations beyond 180 days of the issuance of this report is 25 due to various issues including the nature of the investigation, availability of resources and prosecutorial considerations.

OIIG Summary Reports

During the 4th Quarter of 2021, 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]

IIG19-0219. This investigation concerned allegations of conflict of interest, waste and institutional mismanagement in the performance of duties by the Board of Trustees of the South Cook County Mosquito Abatement District (SCCMAD), the members of which were all appointed by the Cook County Board President with the advice and consent of the Cook County Board. The State Officials and Employees Ethics Act, 5 ILCS 430/70-20, requires Special District Trustees, including Trustees serving on a Mosquito Abatement District (MAD) board, to abide by the ethics laws of Cook County and be subject to the jurisdiction of the Office of the Independent Inspector General (OIIG). This investigation by the OIIG focused on determining whether the Trustees of the SCCMAD have been fulfilling their fiduciary and statutory duties and responsibilities. In addition to a complaint concerning alleged ethics violations, the OIIG received information that called into question whether the SCCMAD was adequately carrying out its public health mission by fulfilling its statutory duty to cooperate with the Illinois Department of Public Health (IDPH).

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

Based on our investigation, it is the conclusion of this office that members of the Board of Trustees, all of whom are fiduciaries to the district they serve, failed to carry out their duties and responsibilities.[3] This conduct resulted in the waste of the SCCMAD's resources. While the conduct advanced the Trustees' personal financial interests to the financial detriment of the SCCMAD, the evidence also establishes that two members of the Board of Trustees engaged in a

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

hiring which constituted a conflict of interest. It is further the conclusion of our office that the SCCMAD board has failed in its mission to conduct effective surveillance of mosquitoes to detect the presence of mosquito-borne diseases of public health significance. We also conclude that the SCCMAD board has failed in its statutory duty (70 ILCS § 1005/8) to cooperate with the IDPH in relation to the work of the SCCMAD. Our specific findings and conclusions are discussed in more detail below.

Conflict of Interest in the Hiring for a SCCMAD Executive Position

The State Officials and Employees Ethics Act, 5 ILCS 430/70-20, requires SCCMAD Trustees to abide by the ethics laws of Cook County. Under the Cook County Ethics Ordinance, the SCCMAD Board owes both a fiduciary duty to the SCCMAD and a duty to avoid conflicts of interest. The fiduciary duty they owe includes the duty to avoid the appearance of impropriety, to comply with laws and regulations, to conserve property and assets and avoid their wasteful use, and to conduct business in a financially responsible manner among other things. *See* Cook County Ethics Ordinance, Section 2-571.[4]

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

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

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

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

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

According to SCCMAD records, three days after Trustee B's swearing-in to the SCCMAD Board, on December 14, 2017, the SCCMAD Board of Trustees held a special meeting, during which an agenda item was "Discussion and possible approval of the appointment of a new hire: [Official A] for the Public Relations position." The minutes from that meeting indicate that Trustee A called for a resolution by the SCCMAD board to accept the appointment of Official A as a "Public Relations" employee "with a starting salary of 42,000 and full benefits" with a starting date of January 3, 2018. The resolution was moved by one trustee, seconded by new Trustee B, and approved by Trustees A and B, and one other trustee.

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

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

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

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

- January 9, 2017: Trustee A moves to hire Official A at the SCCMAD; motion fails.

- February 6, 2017: Trustee A again moves to hire Official A at the SCCMAD; motion fails.

- April 10, 2017: future Trustee B begins attending SCCMAD board meetings as a citizen. She attends again on May 8, 2017, and July 10, 2017.

- November 2017: Trustee E's SCCMAD appointment is not renewed.[5]

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

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

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

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

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

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

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

Chairman of the Legislation and Intergovernmental Relations Committee of the Cook County Board of Commissioners if there is a change to any of the statements set forth in this instrument?", Trustee B checked the "YES" box.

When Trustee B made her sworn statement in August 2017, she was seeking appointment to a Cook County board (the SCCMAD board) which could, *and did*, return an economic benefit to Official A (her SCCMAD salary and benefits). At the same time, Official A served on a different board (Suburban College board), which could, *and did*, return an economic benefit to Trustee B (her promotion and raise). When Trustee A was finally successful in his maneuver to have Official A hired at the SCCMAD, he had realized an economic benefit from Official A and the School Board *two weeks prior*.

Because Trustee A was subordinate to Official A in School District A and because Official A had, immediately prior to her hiring, bestowed a quantifiable monetary gain on Trustee A, we find that his initiation of Official A's hiring presented both a conflict of interest and a breach of his fiduciary duty. Because Trustee B was subordinate to Official A due to Official A's position on the Suburban College board, and because Official A was in a position to bestow a quantifiable monetary gain on Trustee B, we also find that Trustee B's support of Official A's hiring presented a conflict of interest and a violation of her fiduciary duty. Trustee B's breach of duty is exacerbated by the fact that she submitted an affidavit to the Cook County Board of Commissioners in which she, under oath, denied that she had a conflict of interest tainting her appointment, then failed to update her affidavit at any point after its initial submission.[6]

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

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

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

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

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

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

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

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

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

- An individual with a BS in Biology, a MS in Public Health, and mosquito control work experience with both the Cook County Department of Public Health and a private vector disease control company.
- An individual with an MBA and seven years of experience working in various positions at a Mosquito Abatement District.

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

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

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

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

Payments to SCCMAD Trustees Under Guise of Travel Expense

The Mosquito Abatement District Act authorizes the Board to "exercise all of the powers and control all of the affairs and property of such district." The Act further states that "Trustees shall serve without compensation." Our review of SCCMAD bank and financial records indicates that, for years, SCCMAD Trustees have been paying themselves $100 each per month in "travel expenses" to attend monthly board meetings.[7] Bank records revealed that, from January 1, 2017, through June 1, 2021, SCCMAD Trustees paid themselves a total of $22,800 in "travel expenses"

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

for attending regular and special board meetings. All current and former SCCMAD Trustees during this period accepted the $100 payments, which were made from the SCCMAD's business checking account.

The SCCMAD's Personnel Manual states, "No reimbursement of travel, meal or lodging expenses incurred by a District employee or officer shall be authorized unless the 'Travel, Meal, and Lodging Expense Reimbursement Request Form' … has been submitted and approved." The manual also states, "Reimbursement of expenses between the residence and the official headquarters of any individual subject to these regulations shall not be allowed." The manual also states, "In general, nominal transportation related to District business within the vicinity of the designated headquarters is a non-reimbursable expense." The SCCMAD's Personnel Manual provides for mileage reimbursement at "rates not to exceed the applicable Internal Revenue Service rate per mile."[8]

The Trustees' primary commitment to the SCCMAD is to attend a Board of Trustees meeting once a month at the SCCMAD's office. Conceivably, a Trustee may also visit the SCCMAD's offices a couple of times a month to complete administrative tasks such as signing checks. According to Google Maps, Trustee A resides 3.6 miles from the SCCMAD board offices in Harvey. Trustee B resides 4.7 miles and works 3.4 miles from the SCCMAD offices. Trustee C resides 16.1 miles from the SCCMAD offices. Trustee D resides 8.5 miles from the SCCMAD offices. Given the proximity of the Trustees' residences and workplaces to the SCCMAD office, it is highly improbable that a Trustee would incur $100.00 per meeting in legitimate mileage costs. Using the current mileage reimbursement rate contained in the SCCMAD policy manual, to justify a $100.00 per meeting mileage payment, each Trustee would have to drive more than 180 miles to attend each SCCMAD Board meeting.[9]

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

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

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

"personnel matters." SCCMAD Trustees received an additional $100 for each Special board meeting.

When interviewed, the SCCMAD Trustees characterized to us the nature of the $100 payments in different ways. Trustee A described the payments strictly as reimbursement for travel expenses, although he admitted that SCCMAD Trustees submit nothing to document such alleged expenses. When asked from where he typically travels to the SCCMAD office in Harvey for board meetings, Trustee A was vague in his response, saying, "I could be anywhere." Trustee B described the $100 payments as for both travel and for "time and effort," clearly perceiving the $100 partially as a form of compensation for services. Trustee C told us that the $100 payments were for both his time and for his travel expenses, but conceded that, if receiving $100 for a remote board meeting which obviously involved no travel, the money was a form of salary. Trustee D told us that the $100 payments were for "reimbursement for attending meetings, and for signing documents."

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

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

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

Donation of SCCMAD Vehicles to Neighboring Municipalities

During our investigation, interviewees told us that the SCCMAD had a practice of "selling" vehicles for one dollar when the vehicles were worth substantially more than that. According to SCCMAD records, from January 1, 2017, to March 3, 2021, the SCCMAD "sold" 15 vehicles, primarily work trucks, to various municipalities in SCCMAD territory of Chicago's south suburbs, each for one dollar. To obtain a conservative retail value for those vehicles, i.e., a price for which the SCCMAD could have sold them on the open market, we utilized the National Automotive Dealer's Association's (NADA) online vehicle valuation tool to obtain estimates for the values of the 15 vehicles the SCCMAD "sold" since January 1, 2017. The NADA's online tool displays low, average, and high retail values for vehicles by make, model, and year. We selected "low" retail

values and "base prices" which assume no options on the vehicle. Thus, we determined that the vehicles that the SCCMAD sold to local municipalities for $1 had estimated values ranging between $1,375 and $2,850.

During his interview, Trustee A acknowledged that the practice of "selling" vehicles for one dollar provided no financial benefit to the SCCMAD, but justified the practice by exclaiming "we're a community." However, this position is inconsistent with Section 7.1 of the Mosquito Abatement District Act, "Sale of Personal Property," which provides, "Whenever any mosquito abatement district owns any personal property which in the opinion of three-fourths of the board of Trustees is no longer useful to, or for the best interests of the district, such a majority of the board of Trustees then holding office, at any regular meeting or at any special meeting called for that purpose, by ordinance may authorize the sale of that personal property in such manner as they may designate, with or without advertising the sale." Moreover, the Ethics Ordinance fiduciary duty provision includes the conservation of district assets.[10]

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

Repair of Non-SCCMAD Vehicles on SCCMAD Premises

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

Failure by the SCCMAD to Conduct Adequate Mosquito Surveillance

As we conducted our investigation and interviewed professionals within the IDPH and other MADs, a recurrent concern was brought to our attention: that the SCCMAD was conducting

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

insufficient mosquito surveillance and treatment relating to the presence of West Nile Virus in Cook County.

The U.S. Center for Disease Control (CDC), Division of Vector-Borne Diseases, in its 2013 *Guidelines for Surveillance, Prevention, and Control*," defines mosquito "surveillance" as "the systematic collection of mosquito samples and screening them for arboviruses." In these guidelines, the CDC defines "arbovirus" as "arthropod-borne viruses" which "are transmitted to humans primarily through the bites of infected mosquitoes, ticks, sand flies, or midges." The guidelines provide that the arbovirus known as West Nile, which was first identified in the United States in 1999, is now found in all 48 contiguous states and produced large nationwide epidemics in 2003 and 2012. According to the Cook County Department of Public Health's 2005 *West Nile Virus Prevention and Response Plan*, in 2002, Illinois had the most human cases of West Nile Virus in the nation—877, resulting in 62 deaths, with 75 cases reported in Cook County. In 2021, only seven human cases of West Nile in the County were reported by the Cook County Department of Public Health as of September 7, 2021.

The Mosquito Abatement District Act provides that "the board of Trustees of any mosquito abatement district shall, in its work, advise and cooperate with the Department of Public Health of the State, and the board of such district shall submit to such Department, on or before January 1st of each year, a report of the work done and results obtained during the preceding year." The Mosquito Abatement District Act further provides that "the board of Trustees of any mosquito abatement district, or its designee, shall conduct routine surveillance of mosquitoes to detect the presence of mosquito-borne diseases of public health significance. The surveillance shall be conducted in accordance with mosquito abatement and control guidelines as set forth by the U.S. Centers for Disease Control and Prevention." The Mosquito Abatement District Act requires MADs in Illinois to report to the "local certified public department" positive test results regarding West Nile Virus, St. Louis Encephalitis, and Eastern Equine Encephalitis, within 24 hours of receiving a positive report. Positive reports must include the type of infection, the number of mosquitoes collected in the trapping device, the type of trapping device used, and the type of laboratory testing used to confirm the infection.[11]

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

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

tests on mosquito samples the SCCMAD allegedly performed; and 4) The limited number of pesticide and larvicide the SCCMAD allegedly ordered.

Our analysis of data contained in Cook County MADs' Annual Reports revealed that the SCCMAD uses fewer gravid traps than the other Cook County MADs relative to its size, confirming the concerns of the NWMAD employee. However, an IDPH employee explained her view that the simple fact that the SCCMAD uses fewer gravid traps per square mile than any other Cook County MAD by itself did not necessarily mean the SCCMAD's gravid trap numbers were insufficient. She said she could not say "with certainty" that the number on its face indicated a deficiency.

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

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

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

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

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

When we interviewed an IDPH employee, she drew our attention to the West Nile Virus testing data the SCCMAD reported to her agency for 2018. The IDPH maintains a database called the West Nile Virus Portal. The West Nile Virus Portal contains mosquito surveillance test results from public agencies such as county MADs and state and county health departments, including the four Cook County MADs. The IDPH employee observed data from the West Nile Virus Portal from the SCCMAD which indicated that, for 2018, it conducted 276 tests for West Nile Virus, 46 of which were positive. She also noted that the SCCMAD, in its annual report to the IDPH,

reported using 23 gravid traps collected two times per week. According to the IDPH employee, the SCCMAD's number of collections should have been approximately 736.[12] She did not understand why the SCCMAD ran only 276 tests after having made approximately 736 collections from its traps. The IDPH employee believed the SCCMAD's own reporting numbers showed its number of tests conducted should have been much higher.

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

2017 Cook County MAD West Nile testing

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

2018 Cook County MAD West Nile testing

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

2019 Cook County MAD West Nile testing

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

2020 Cook County MAD West Nile testing

MAD	Size (sq. miles)	Number of mosquito pools tested for West Nile	Number of positive West Nile tests

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

DVMAD	77	1,845	593
NSMAD	70	2,153	672
NWMAD	242	762	67
SCCMAD	340	424	33

2021 Cook County MAD West Nile testing

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

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

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

The SCCMAD's Purchase of Insecticides

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

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

MAD	Fiscal 2017	Fiscal 2018	Fiscal 2019	Fiscal 2020
DVMAD	Not available	$414,462	$434,933	$474,257
NSMAD	$231,069	$163,771	$250,721	$270,350
NWMAD	$522,684	$344,536	$264,512	$309.653
SCCMAD	$134,254	$124,161	$81,005	$301,064

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

The SCCMAD's Failure to Cooperate with the IDPH

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

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

An IDPH employee characterized the SCCMAD's level of communication with the IDPH as a "code of silence" and told us that the SCCMAD "isn't telling us what they're doing." She said this failure to cooperate was important because the IDPH acts in a coordinating capacity with county MADs, municipalities, and local health departments regarding their West Nile Virus testing and treatment programs. She said that the fact that the SCCMAD does not interact with the IDPH means the IDPH is performing its coordination function with reduced visibility in SCCMAD territory. The IDPH employee told us that the SCCMAD's failure to communicate with the IDPH

presented a potential risk to public health. Another IDPH employee told us that the SCCMAD has "neglected to cooperate" with the IDPH and said cooperation with the IDPH went beyond simply sending testing data to them. He said data in the West Nile Portal is not available in real time and positive West Nile tests need to be acted on immediately. He added, "Most MADs issue weekly reports to the IDPH. SCCMAD does not."

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

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

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

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

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

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

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

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

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

    f) The SCCMAD should endeavor to bolster its public reporting of operation activities. The SCCMAD should post its Annual Report on its website and

coordinate with IDPH officials to ensure appropriate reporting occurs. The SCCMAD should interact with other Cook County MADs, especially the NSMAD, to develop ideas by which to be more transparent with the public, using, for example, texts or social media to communicate with subscribers or by posting regular updates on their website or on social media; and

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

These recommendations are currently pending.

IIG20-0416. This investigation was initiated based on a complaint alleging that a Cook County Bureau of Administration (BOA) Administrative Analyst (AA) in a *Shakman* exempt position does not perform the duties outlined in the job description for that position. The complaint further alleged that the AA only serves the function of scheduler to a BOA official.

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 demonstrate that party affiliation is an appropriate requirement for the effective performance of the public duties involved.[13] 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

[13] "It is equally clear that party affiliation is not necessarily relevant to every policymaking or confidential position. The coach of a state university's football team formulates policy, but no one could seriously claim that Republicans make better coaches than Democrats, or vice versa, no matter which party is in control of the state government. On the other hand, it is equally clear that the Governor of a State may appropriately believe that the official duties of various assistants who help him write speeches, explain his views to the press, or communicate with the legislature cannot be performed effectively unless those persons share his political beliefs and party commitments." *Branti v. Finkel,* 445 U.S. 507, 519 (1980).

Judgments." Section II of the Cook County *Employment Plan* adopts this language in defining which positions may be designated as exempt.

During this investigation, the OIIG reviewed the subject AA's Cook County personnel file and job description. This office also interviewed the subject AA and the BOA official to whom she reports.

The preponderance of evidence developed in this investigation supports the conclusion that the subject AA does not perform most of the core responsibilities and duties outlined in the job description for her position. The position description details budgeting, policymaking, and programs where the AA is responsible for assisting the official to whom she reports in developing policies and programs. Although the AA stated in her interview that she acts as the liaison to the BHR for onboarding new employees and assisted in coordinating special projects related to charity drives (and these appear to be occasional and infrequent responsibilities associated with the position), other duties described by the AA that included answering phones and printing certificates of completion are ministerial functions that would more likely align with the role of an administrative assistant. Despite being asked several times about any other duties, the AA could not articulate any substantial additional duties that corresponded with the position description. Despite the position description detailing duties that include policymaking and reviewing confidential reports, the subject AA does not perform these or other duties that would afford *Shakman* exempt status. Further, when the OIIG interviewed the official to whom the AA reports and asked about the AA's duties and responsibilities, she was not able to identify any other duties or responsibilities for the AA that aligned with her position description.

Based on the evidence, we determined that the AA position at issue does not perform the type of work contemplated in *Branti v. Finkel* as being eligible for exemption from the protections of the First and Fourteenth Amendments. Accordingly, pursuant to Section XII.C.2. of the Cook County Employment Plan, we recommended that Cook County remove the subject AA position from the County's *Shakman* Exempt list.

In its response, the County stated that the incumbent was terminated before the OIIG issued its findings. The County further stated that this will allow the BOA to staff the position with a new candidate to fulfill all the duties and responsibilities identified in the AA position which will allow the position to remain a qualified *Shakman* Exempt position. Based on that response, the OIIG withdrew its request to remove the AA position from the *Shakman* Exempt list.

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

> All parties, other than pro se taxpayers, must be represented before the Board by an attorney. Individual taxpayers may retain an attorney or represent themselves

> before the Board. Other taxpayers, including but not limited to entities such as corporations, LLCs, condominium associations and the like, must be represented by an attorney. A person who is not an attorney may not represent a taxpayer before the Board.

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

The preponderance of evidence from this investigation supports the conclusion that BOR's implementation of the CDP lacks formal written policies and procedures which has led to a haphazard process of evaluating whether tax appeals have been filed by consultants on behalf of taxpayers. The BOR's identification of possible consultants over relies on the threshold of five or more appeals having originated from the same IP address – a protocol that was implemented without substantial analysis to support establishing the IP address threshold. Furthermore, while the other methodology employed should identify some consultant activity, it is implemented without uniformity and consistency in its application and does not establish a review process or other protocol to measure the likelihood of consultant activity in any given appeal. For example, the BOR could determine that an adverse finding could not be reached upon IP address information alone without other evidence to corroborate consultant activity.

Additionally, the evidence also supports the conclusion that the CDP, as applied, stands contrary to fundamental principles of due process because it (a) fails to provide adequate notice to involved taxpayers that the appeal was being denied due to a violation of BOR Rule 1 and (b) fails to provide the subject taxpayers a meaningful opportunity to challenge that determination.[14]

Based on our findings, we recommended the following:

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

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

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

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

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

These recommendations are currently pending.

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

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

The preponderance of the evidence from this investigation failed to support the conclusion that the subject OPS violated EEO Section VII (a)-Discrimination. There is no evidence that the OPS misrepresented data from the productivity report to terminate African American probationary employees. On the contrary, the productivity reports for the African American probationary employees who were terminated reflected a consistent level of low productivity. Hence, there was a legitimate nondiscriminatory reason for the termination of the African American probationary employees. However, the preponderance of the evidence disclosed that, although the productivity program is an objective way to evaluate the performance of pharmacists and technicians and hold the staff accountable for their output, it is not being consistently or effectively utilized by the pharmacy department. The System Director of Pharmacy Services, the subject OPS, and the Assistant Director of Pharmacy all recognized that this program has not been consistently utilized since its inception. In addition to the program not being consistently used, the progressive

disciplinary process has never been used to hold non-probationary pharmacists and technicians accountable for their lack of productivity.

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

These recommendations are currently pending.

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.

These recommendations are currently pending.

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.[15] This recommendation is currently pending.

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

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

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

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

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

Based on all of the foregoing, we recommended that the subject elected official remove the elected official's first cousin from the position at issue. This recommendation is currently pending.

IIG21-0420. In this case, a pathologist with the Cook County Medical Examiner's Office (MEO) reported to MEO executive staff that her assigned autopsy tools were missing from her designated tray. The pathologist believed her autopsy tools were removed from her tray in retaliation for her resignation from the MEO, which was to become effective several month later.

During its investigation, the OIIG conducted a site inspection of the MEO storage area and autopsy rooms, reviewed lists of autopsy tools utilized by MEO physicians, and interviewed numerous MEO medical and executive staff.

The preponderance of the evidence developed during this investigation does not support the allegation that autopsy tools were stolen from the MEO. That is, the greater weight of the evidence suggests that the autopsy tools which were on the pathologist's individual tray in July were simply redistributed either to the eight autopsy station trays or to an extra instrument tray within the storage area. Further, there is no evidence to suggest that the redistribution was triggered by an effort to retaliate against the pathologist. We found no evidence of retaliation by MEO staff in relation to the pathologist's resignation.

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

The preponderance of the evidence developed during this investigation supports the conclusion that the decision to terminate Complainant was justified and in accordance with Section VIII(A)(16) of the FPD Employment Plan. As a condition of his offer of employment, Complainant was obligated to cooperate throughout the hiring process. Complainant's consistent failure to readily provide background investigators with the requested documentation and further failure to schedule meetings with investigators in a timely manner constituted a failure to cooperate with the background investigation and was thus a violation of the terms of his employment.

The preponderance of the evidence developed during this investigation also supports the conclusion that a high-ranking FPDPD official violated Personnel Rule 8.03(b)(13) by failing to reserve the signing of the Lautenberg Certification until the results of Complainant's criminal history check could be tendered to the FPDPD. Fortunately, Complainant did not possess a disqualifying criminal history. By its very terms, the certification affirms that the signatory has reviewed the criminal history report of the subject, that such report has no disqualifying information and that the subject is an employee of a law enforcement agency. These circumstances,

pursuant to Illinois law,[16] permit a firearms dealer to dispense with the normal 72-hour waiting period to purchase a firearm. Thus, the subject official, by affirming that a criminal history check had been performed when in fact it had not, placed an individual in a position to immediately acquire a firearm without the required waiting period and possibly without a criminal history check by the dealer. This was negligent and an abrogation of the subject official's duties.

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

Based on the foregoing, we recommended that:

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

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

These recommendations are currently pending.

IIG21-0471. This case involves a complaint filed by a former Recorder of Deeds (ROD) employee pursuant to the *Supplemental Relief Order for the Cook County Recorder of Deeds* ("SRO") entered in connection with the *Shakman v. Cook County Recorder of Deeds,* 69 C 2145 (N.D. Ill.) litigation. In his Post-SRO complaint, the Complainant alleged he was not interviewed or considered by the County Clerk for the position of Storekeeper when the County Clerk assumed the duties of the former ROD office.

During the investigation, this office reviewed the Recorder of Deeds Consent Decree, the Recorder SRO, the complainant's employment history with the ROD, the County Clerk Storekeeper job posting and related screening and interview materials, and the County Clerk

[16] 720 ILCS 5/24-3(g).

Compliance Administrator Report to the Court regarding its monitoring of the process by which former ROD positions were filled by the County Clerk.

Section V.A., Paragraph 9 of the Recorder SRO charges the OIIG with investigating "allegations of unlawful political discrimination in connection with employment with the Recorder." Complainant filed a complaint pursuant to the Recorder SRO; therefore, this complaint is governed by the terms of the SRO which proscribes unlawful political discrimination in any aspect of non-exempt employment by the Recorder of Deeds. The subject complaint, on its face, asserts that the action by the County Clerk in declining to hire him triggers the Recorder SRO in some way. We disagree. The Recorder Consent Decree and the Recorder SRO apply exclusively to employment actions by the Recorder of Deeds office and not employment actions taken by the offices of separately elected Cook County officials, such as the Clerk, notwithstanding that former Recorder Yarbrough was elected to the office of County Clerk.

Moreover, the preponderance of the evidence developed by the investigation supports the conclusion that the County Clerk engaged the services of a third party to manage the hiring activities caused by the assumption of the duties of the Recorder's office by the Clerk's office, including making actual hiring decisions. Our review of the records of the third party disclosed that Complainant met one of the preferred qualifications and, after randomization, was assigned number 68 out of 108 (a spot which was never reached during the process). Importantly, the Cook County Compliance Administrator (CCCA) also closely monitored the hiring sequence and, although the CCCA identified various errors and oversights related to the process, none of these errors was related to the decision not to hire Complainant.

Accordingly, and pursuant to section V.A., paragraph 9 of the SRO, we determined that impermissible pollical factors did not influence Complainant's application with the Clerk's office.

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

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

The preponderance of the evidence developed during this investigation supports the conclusion that the Medicolegal Death Investigator (MDI) assigned to this matter violated Cook County Personnel Rule 8.2(b)(13) – Negligence in the Performance of Duties in that he relied on

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

Based on the foregoing, we recommended:

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

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

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

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

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

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

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

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

These recommendations are currently pending.

IIG21-0589. The OIIG initiated this investigation after receiving a complaint that a Forest Preserve District (FPD) employee told co-workers that he had access to interview questions prior to the interviews and later received the appointment. During the investigation, this office reviewed the job posting and interview files for this and other FPD postings. This office also reviewed the FPD Employment Plan and Personnel Rules and conducted an interview of the subject employee.

The preponderance of the evidence developed during the course of this investigation does not support the conclusion that the subject employee had access to the interview questions for the position for which he applied. The employee's relative with whom the employee consulted about the "gist" of the interview was neither an employee within the HR department nor a hiring manager who would have been in possession of the interview questions. Moreover, the investigation revealed that the interview questions were general and, even if accurately recalled from the relative's interviews years earlier, were not sufficiently specific or technical to give an interviewee an advantage in the process. This is not to suggest that advance possession of even generic interview questions would not be violative of the Employment Plan; however, under these circumstances, the very general nature of the questions cannot reasonably be construed to invoke the protections provided for under the Employment Plan. Accordingly, the allegation was not sustained, and no recommendations were offered.

IIG21-0600. This OIIG received a complaint alleging a Cook County Health (CCH) employee failed to submit a medical claim to the Cook County Department of Risk Management seeking reimbursement for medical expenses related to an on-duty injury suffered by the complainant while employed at Stroger Hospital.

The preponderance of the evidence developed during the course of this investigation does not support the allegation that the subject employee failed to appropriately file the complainant's medical claim with Risk Management. Interviews of the subject employee, a Risk Management adjuster and the Director of EEO for the Department of Human Resources demonstrate that the incident at issue was investigated within CCH after a Chicago police inquiry immediately following the incident. The evidence also reveals that a medical claim form from the complainant was properly submitted to Risk Management in a timely manner. Accordingly, this matter was not sustained, and no further action was recommended.

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

The preponderance of the evidence developed during the course of this investigation does not support the conclusion that the subject official violated the Equal Employment Opportunity Policy VII (b) - Harassment. There is no credible evidence that the subject official or his staff intentionally excluded the administrative assistant from payroll training as she alleged. In fact, two employees interviewed believed that the administrative assistant being left out of the training could have been accidental. There is also no evidence that the subject official maliciously left the administrative assistant off an email chain concerning a bonus check for non-union employees. The administrative assistant was left out of the email chain because she was not entitled to receive the non-union payment. As to an allegation by the administrative assistant that she received an email from the subject official concerning not being cleared to return to work, other employees also received a similar email based on a list that may not have been updated. Lastly, none of the reviewed email communications sent by the subject official to the administrative assistant contain any epithets, nicknames, slurs, negative stereotyping, denigrating jokes, graphic material, or any threatening behavior that could be considered harassment.

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

These recommendations are currently pending.

Outstanding OIIG Recommendations

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

From the 3rd Quarter 2021

IIG19-0455. This investigation was initiated by the OIIG based on a complaint alleging that the Cook County Forest Preserve District (FPD) applied a policy violation designated for civilians to justify the removal of an FPD police officer from the promotional process to the rank of Sergeant. The investigation consisted of reviewing email communications, the Cook County Personnel Rules, the FPD Employment Plan, the Collective Bargaining Agreement between FPD

and Fraternal Order of Police – Lodge 166, and the Cook County FPD Municipal Code / Title 3 – Police Regulations. The Office also conducted interviews of FPD personnel.

The preponderance of the evidence developed during this investigation supports the subject FPD police officer's contention that the provision of the Employment Plan cited to him as a basis for removal from the promotional process did not apply to him. However, we do not believe that the subject FPD police officer was unlawfully denied promotion. In the initial email exchange between the subject FPD police officer and the FPD representative, the FPD representative did cite the wrong section of the Employment Plan as the justification for removal from the promotional process. Nonetheless, despite the erroneous citation, Section VIII.E of the Employment Plan and Rule 3, Section 3.3 of the Cook County Personnel Rules afford the FPD the unambiguous authority to remove any candidate, at any time, from the promotional process prior to appointment. The subject FPD police officer's disciplinary history is a qualifying factor based on the tenets of this provision. It is also important to note that in subsequent communication between the FPD and the subject FPD police officer, the FPD representative stated his position by citing the applicable policy of the Employment Plan which references the Cook County Personnel Rules.

Based on the forgoing, we concluded that no improper or malicious action was committed by the FPD representative or the Administration of the FPD when it denied the subject FPD police officer a promotion. Although no personnel related action was warranted, the OIIG made the following recommendations:

1. The FPD should consider rescinding the original memorandum to the subject FPD police officer and acknowledge the follow-up memorandum sent to the subject FPD police officer as the official notification of disqualification, or similar communication.

2. Section V(Q)(2)(b) of the Employment Plan should be amended to include more comprehensive and inclusionary language that establishes all requirements for potential disqualifications and specifically identifies elements for disqualification within the section itself. The amendment would coincide with the District's intention to allow pre-application and post-application discipline to be considered as a disqualifying factor and, importantly, will do so within the same section.

The FPD adopted these recommendations.

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

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

The subject CCH employee also violated Cook County Health and Hospitals System Personnel Rule, Parameters for Dual Employment – Section 12.4(a)(1). It states in part that, "Dual employment for System Employees is permissible only within the following considerations: (1) The outside activities do not exceed twenty (20) hours per week." According to the dual employment form submitted by the subject employee to CCH, she is a full-time employee at CPS and works 35 hours per week Monday through Friday. Her CPS payroll records confirmed that she has worked an average of 72 hours per pay period since she began her dual employment on January 6, 2020.

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

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

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

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

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

Based on the foregoing, we recommended the imposition of disciplinary action for the failure of the CCH supervisor to adequately scrutinize the House Administrator's secondary employment form based on the factors set forth in the Cook County Health and Hospitals System Personnel Rule 8.4(c)(1-5), including the consideration of the level of discipline applied in other similar cases. We also recommended that the secondary employment forms approved by the subject supervisor since December 2020 be reviewed for compliance with CCH personnel rules regulating secondary employment.

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

IIG21-0194. This matter involves an allegation that an Aide to a Cook County elected official sexually harassed a visitor to the elected official's office. The OIIG conducted an interview with the visitor, the elected official, two of the elected official's Aides ("Aide A" and "Aide B"), and the subject Aide. This office also reviewed notes taken by the visitor shortly after the incident, and notes taken from a conference call between the elected official, Aide A, and the Director of the visitor's employer ("Director"). Further, this office reviewed notes from a meeting that occurred between the subject Aide and Aide A and Aide B.

The preponderance of the evidence developed during the course of this investigation supports the conclusion that the subject Aide violated Cook County Personnel Rules 8.2(b)(5) (which provides that it is improper for an employee to engage in "patient, employee or visitor abuse or harassment") and 8.2(b)(36) (which proscribes conduct unbecoming an employee or which brings discredit to the County). This conclusion is based on the fact that the subject Aide, while working as a representative of a Cook County elected official, sexually harassed a visitor to an elected official's office. The Cook County Code defines sexual harassment as "any unwelcome sexual advances, request for sexual favors or other verbal, visual or physical conduct of a sexual

nature regardless of gender."[17] Here, the preponderance of the evidence establishes that the subject Aide made several inappropriate comments about the visitor's physical appearance, including stating that her hair and piercings were "hot" and that he "could not help himself being in front of someone so beautiful." Additionally, the subject Aide asked the visitor questions concerning her personal life that were clearly inappropriate such as her age, relationship status and whether she used any dating applications. The subject Aide knew that the conversation he was having with the visitor was inappropriate because he apologized during the conversation and said, "let me stop before I get into trouble." However, the subject Aide did not stop and continued to be inappropriate with the visitor even though she also told him on more than on occasion that he was being inappropriate.

The subject Aide has alleged that the visitor is not being truthful about how their conversation occurred. However, the details of the conversation provided by the visitor were very specific, contemporaneously reported to her employer and have not changed over time unlike the differing accounts offered by subject Aide. For example, the subject Aide told this office that the name of a restaurant only came up during the conversation as a reference point to direct the visitor to a certain location, but he told Aide A and Aide B that the restaurant came up to inform the visitor that the restaurant did work within the community. In addition, the subject Aide told this office that he never asked the visitor personal questions like how old she was and where she lived, but Aide B remembered that when the subject Aide was confronted with this allegation in their meeting, he indicated that he did ask her how old she was and where she was from. The subject Aide also told this office that he did not walk the visitor to her car after the meeting was over for fear of being locked out. However, Aide B recalled the subject Aide stating that after the meeting with the visitor he gave her some resources and took them to her car for her and that he did not see anything wrong with that.

Most important in our assessment of the relative credibility of the differing accounts offered by the visitor and the subject Aide is seen in the statement provided by the visitor. In her statement, she referred to two very specific details about the subject Aide's personal life, namely that he does not intend to remarry and that he is comfortable caring for the children of women he dates. The subject Aide has repeatedly denied having stated those facts to the visitor. Yet those facts are true and could not have been known by the visitor unless she learned them from the subject Aide himself. The visitor stated that the subject Aide told her that he would not remarry after having been married twice. The subject Aide told this office that he did not tell the visitor that he would not marry again. However, Aide B stated that he could see the subject Aide mentioning this statement to the visitor because he has had similar conversations with the subject Aide concerning his thoughts on marriage. The visitor also stated that the subject Aide told her that he has raised children of the women he has dated in the past. The subject Aide denied ever making this statement to the visitor. However, the visitor's assertion here is corroborated by the subject Aide himself, who acknowledged this detail of his personal life in his OIIG interview, along with the statement of Aide B. Although Aide B could not recall precisely what the subject

[17] Chapter 44, Article II, Section 44-53(c).

Aide said concerning this allegation, Aide B told this office that he could see the subject Aide mentioning this in conversation because the subject Aide has mentioned that he cared for the children of women he dated to Aide B in several past conversations.

The preponderance of the evidence developed during the course of this investigation also supports the conclusion that the subject Aide violated Cook County Personnel Rule 8.2(b)(36) (Conduct unbecoming an employee or conduct which brings discredit to the County). The visitor, in attempting to perform her job, was sexually harassed, subjected to innuendos, repeatedly subjected to details about the subject Aide's personal life and finally invited on a date at a restaurant or, alternatively, a visit to the subject Aide's residence. In the face of such treatment, the visitor abandoned her efforts and decided the best course of action in dealing with this particular Cook County employee was to leave the premises. The subject Aide's sexual harassment of this visitor fell far below any acceptable standard of conduct and thus was not only unbecoming to him but also brought discredit to the County.

The subject Aide is no longer employed by Cook County government as his employment was terminated by the elected official based on this incident. Therefore, no recommendation for disciplinary action was made. However, because of the serious and willful nature of this misconduct, we recommended placing the subject Aide on the *Ineligible for Rehire List* pursuant to Section IV.Q.2.a. of the *Cook County Employment Plan* (referencing Personnel Rule 3.3(b)(5).

As indicated above, the subject Aide was terminated after an internal review initiated by the elected official. We believe that the actions taken by and on behalf of the elected official were appropriate in promptly reviewing and investigating the allegations of the visitor and taking the appropriate disciplinary action under the circumstances presented.

In its response to the OIIG, the County stated that it did not place the subject Aide on the *Ineligible for Rehire List* as recommended so as to be consistent with discipline issued in a prior matter it deemed similar in nature involving another employee.

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

The preponderance of the evidence developed during this investigation supports the conclusion that the subject nurse violated CCH Personnel Rule 8.03(c)(9) - Theft or unauthorized possession of System property when she exerted unauthorized control over medication belonging to CCH. When interviewed, the subject nurse acknowledged inadvertently taking medications home from CCH but attributed it to being an oversight. She stated the medications were accidently

left in her uniform pockets and she had forgotten to return them at the end of her shifts. However, she had no valid explanation as to why she never returned the medication the following day to CCH. The nurse denied stealing the medication, shipping it out of the country and subsequently facilitating its sale by her relatives. Although no evidence was obtained to corroborate that the subject nurse was shipping the medication to her relatives, the amount of medication discovered in her residence is of concern. While it is possible that nursing staff could forget about medication in a uniform pocket after the conclusion of a busy shift, it is absolutely unacceptable that it would never be returned when discovered. Moreover, in this case, the amount of medication recovered in her home was significant. The nurse could not provide a credible reason to account for the significant amount of medication that was recovered from her residence.

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

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

CCH adopted the first recommendation. The second recommendation remains pending.

IIG21-0403. This investigation was initiated by OIIG based on a complaint alleging that an unknown Cook County Medical Examiner Office (MEO) employee stole $1,100 from a file cabinet drawer in the storage area used to retain the personal effects of decedents transported to the MEO for forensic examination. This investigation consisted of the review of video surveillance footage and inventory reports, interviews of MEO personnel, a site inspection and the consideration of the Cook County Code of Ordinances. The OIIG also reviewed the MEO Forensic Technicians Standard Operating Procedures and the MEO General Policies / Procedures.

The preponderance of the evidence developed during this investigation supports the conclusion that an MEO Forensic Technician violated Cook County Personnel Rules 8.03(b)(10) - Theft or Unauthorized Possession of Patient, Employee or County Property when he removed

the inventory bag containing $1,100 from the file cabinet drawer located in the storage area, concealed it inside his uniform and ultimately exited the MEO. Although the subject Forensic Technician denied removing the money from the storage area, a review of the video footage along with the MEO LabLynx report represents strong evidence implicating him. Moreover, unlike the subject Forensic Technician, all other Forensic Technicians seen on video during the subject time period had a documented official purpose for being in the storage area on the dates and times they are seen on the video. In addition, the subject Forensic Technician was the only employee who was observed on the video footage making suspicious movements, as though he was placing items into his clothing with his back to the camera. During his interview, the subject Forensic Technician stated that that he was not aware of the location of the camera in the storage area – a proposition that lacks credibility when considering the mounted camera is in plain view and is unmistakable.

Additionally, during the course of this investigation we also developed information to support the conclusion that the mechanisms currently in place for the recovery, documentation, and disposition of decedents' personal property are appropriately in place. However, we also observed that the system lacks sufficient internal controls for monitoring MEO personnel when accessing the stored property area. That is, other than documenting the inventory and release of property in the LabLynx System, security protocols do not exist to hinder or otherwise prevent a staff member from going into the Storage Area and removing valuables without scrutiny. During our site inspection, we noted that the entry door does not lock and does not possess a mechanism to monitor and record entry entering the room. The file cabinets are also left unlocked and partially opened. Forensic Technicians can enter the room alone and with no supervision. There is only one camera affixed to the ceiling near the rear wall of the room, which provides limited coverage leaving numerous blind spots, as evidenced in this case.

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

1. Additional surveillance cameras should be installed inside the Storage Area to provide a 360° view of the room.

2. A locked entrance door to the Storage Area should be installed which requires key code access uniquely linked to each individual employee.

3. File cabinet drawers containing valuables and large amounts of currency should be locked.

4. The file cabinet drawer key should be maintained by the on-duty supervisor.

5. Sign In/Out logs for key control should be maintained.

6. The Storage Area should be reconfigured to eliminate clutter.

7. MEO operational supplies and equipment should be stored in another location.

8. A policy should be implemented mandating that only personnel assigned to deposit or release property are permitted access to the Storage Area.

9. A chain-of-custody policy should be implemented with training provided for same.

10. While the subject Forensic Technician was separated from employment with the MEO for unrelated performance issues, he should also be placed on the *Ineligible for Hire List*.

The MEO adopted the OIIG recommendations.

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.

IIG20-0553. This investigation was initiated based on a complaint alleging that a Department of Transportation and Highways (DOTH) employee, who is also an elected official in a suburban municipality, falsified prior employment applications for positions he held at Cook County. It was further alleged that the subject employee, while on compensated County time, was utilizing Facebook to make posts that were (1) political in nature and (2) related to his work as an

elected official in the suburban municipality. These allegations raised the possibility that the subject employee violated the following personnel rules and ordinances: (1) Ch. 44, Art. I, Sec. 44-54 of the Cook County Code (False statements in seeking promotion); (2) Cook County Personnel Rule 13.2(b): Failure to report outside employment; (3) Ethics Ordinance - Cook County Code, Article VII. Section 2-583(c): Performing prohibited political activity during compensated time; and (4) Cook County Personnel Rule 8.2(b)(23): Engaging in non-County business on County time.

During this investigation the OIIG reviewed Cook County employee time and attendance records (CCT), the subject employee's Facebook account, personnel files, online records related to the employee's prior Cook County employment applications, the suburban municipality's financial reports, and the subject employee's current LinkedIn profile. Below are the OIIG findings, conclusions and recommendations regarding the various alleged violations by the subject employee.

Section 44-54[18]

The preponderance of the evidence developed during the course of this investigation establishes that the subject employee did not meet the minimum qualifications when he applied for a Highway Engineer position. For that application, the subject employee was required to have four years of full-time engineering experience. At the time of his application, the subject employee had 30 months of full-time experience. Nonetheless, the subject employee represented in his application that he possessed at least 48 months of full-time engineering experience. When asked by OIIG Investigators why he stated this in his application, the subject employee stated that he believed his 14 months of part-time internship experience was the equivalent of the full-time experience he did not possess. However, the subject employee was missing 18 months of full-time engineering experience. It is patently unreasonable to assert that 14 months of half-time experience is the equivalent of 18 months of full-time experience. Therefore, it was false and misleading for the subject employee to represent he possessed 48 months of full-time engineering experience in this application. As such, the provision of this false information constitutes a violation of Section 44-54 of the Human Resources Article.

Dual Employment

The preponderance of the evidence developed during the course of this investigation establishes that the subject employee violated Personnel Rule 13.2 Report of Dual Employment which requires Cook County employees to disclose outside employment. This rule plainly requires employees to file a new dual employment form should they begin outside employment. The subject

[18] Section 44-54(b) of the Cook County Human Resources Article provides that "No persons shall make any false statement, certificate, mark, rating or report with regard to any test, certification or appointment made under any provisions of this article or in any manner commit or attempt to commit any fraud, prevent the impartial execution of this article and any rules issued under this article."

employee, upon his hire in 2017, executed just such a form stating he had no outside employment. That later changed when the subject employee was elected as an official in a suburban municipality yet no updated form was filed as required.

Cook County Ethics Ordinance

The preponderance of the evidence developed during the course of this investigation establishes that the subject employee violated Cook County Ethics Ordinance Article VII. Section 2-583(c) which prohibits performing prohibited political activity during compensated time.[19] The subject employee's Facebook page contains posts in support of his political party made during times when he was swiped into CCT. Although the subject employee initially stated to this office that his girlfriend makes the posts using the subject employee's Facebook account when the subject employee was working at DOTH during the day, he later retreated from that position by stating that both he and his girlfriend use the subject employee's phone to make the posts and that he may have made the posts himself. As such, the preponderance of the evidence supports the conclusion that the subject employee made political posts on compensated time in violation of the Code of Ethics.

Cook County Personnel Rule 8.2(b)(23)

The preponderance of the evidence developed during the course of this investigation establishes that the subject employee violated Cook County Personnel Rule 8.2(b)(23) which prohibits the performance of non-County business during compensated time. As stated above, the subject employee has stated that he makes Facebook posts related to his other employment and acknowledged he may have made the posts himself during compensated time. Therefore, the preponderance of this evidence also supports the conclusion that the subject employee has posted, during compensated time, posts related to his other work as an elected official of a suburban municipality.

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

(1) By providing false information in his application for employment as a Highway Engineer position, the subject employee stands in violation of the above Human Resources Article.[20] Section 44-54 is explicit where it requires termination and a five-year employment ban for a violation. As such, we recommended that the County terminate the employment of the subject employee and regard the subject employee as ineligible for County service for a period of five years by placing him on the *Ineligible for Hire List*.

[19] Prohibited political activity includes participating in any political meeting, political rally, political demonstration or other political event. (Cook County Code of Ordinances, Article VII, Section 2-562).
[20] Section 44-54 (e) provides, in part "[A]ny person who is found to be in violation of this section shall, for a period of five years, be ineligible for appointment to or employment in a position in the County service."

(2) By making Facebook posts regarding political matters during compensated County time, the subject employee violated the Cook County Ethics Ordinance as outlined above. This office recommended the imposition of discipline consistent with the treatment of past infractions of a similar nature.

(3) By making Facebook posts regarding business related to his duties as an elected official of a suburban municipality during compensated County time, the subject employee violated Personnel Rule 8.2(b)(23). This office recommended the imposition of discipline consistent with the treatment of past infractions of a similar nature.

(4) By failing to file a dual employment form upon gaining outside employment the subject employee violated Cook County Personnel Rule 13.2(b). Similarly, we recommended the imposition of discipline consistent with the treatment of past infractions of a similar nature.

The recommendations for discipline became moot as the subject employee resigned after the recommendations were made but before any disciplinary proceeding had been initiated. In its response regarding the remaining recommendation, the County stated that it would not place the subject employee on the *Ineligible for Hire List* as recommended noting that County BHR was in part responsible for the situation by not removing the subject employee's employment application during the screening process based on lack of minimum qualification.

From the 1st Quarter 2021

IIG20-0149. This investigation was initiated based on a complaint alleging a Clinical Nurse at Cook County Health (CCH) failed to disclose secondary employment. The complaint also alleged that the subject nurse filed a false grievance statement claiming that when CCH hired her, she was denied health insurance benefits in violation of her Collective Bargaining Agreement. This investigation consisted of an interview of the nurse, a review of her CCH personnel file, documents provided by the Cook County Department of Risk Management, and documents produced pursuant to subpoena by the nurse's secondary employer.

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

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

> The Report of Dual Employment Form must be completed and signed by the following:
>
> 1. Persons initially entering County service and assigned to work in the System.

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

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

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

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

From the 4th Quarter 2020

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

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

Although the employee had a plausible explanation for the errors contained in the TEVs, she nevertheless had an obligation to ensure that her expenses and related reimbursement requests were accurate and compiled with all applicable policies.[21] The evidence revealed that the employee had in fact already been paid for travel mileage and/or per diem and had been careless in drafting her reimbursement requests. Furthermore, the employee stated she was not aware that she was prohibited from claiming both per diem and mileage for the same day because the CBA is not clear. However, statements provided by CCH employees suggest that she was informed of the restriction. Minimally, management's practice of prohibiting both mileage and a per diem payment for the same date working was soundly in place.

The union contended that the CBA is ambiguous with regard to the reimbursement option of per diem on the basis of $5.00 for each day worked and makes no mention as to whether it can be claimed in lieu of or in addition to mileage. Management asserted the language in the CBA and related policy make clear that an employee has the option of taking either per diem or mileage, but

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

not both. The evidence demonstrates that management's interpretation has become the CCH policy, custom and practice on the issue. We concur with management's position on the issue. While the issue is not central to our recommendation pertaining to the subject employee, we recommended all staff be made aware of this practice, if it is not already clear, to avoid misunderstanding by staff.

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

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

Activities Relating to Unlawful Political Discrimination

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 October 1, 2021 to December 31, 2021, the Office of the Independent Inspector General received one Political Contact Log.

Post-SRO Complaint Investigations

The OIIG received no new Post-SRO Complaints during the last quarter. The OIIG issued one report regarding a previously filed Post-SRO Complaint and no Post-SRO Complaints are currently pending.

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

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

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 FPD, 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. Eight proposed changes to the Cook County Actively Recruited List;
2. One proposed change to the Public Defender Actively Recruited List;
3. Five proposed changes to the CCH Direct Appointment List;
4. 15 proposed changes to the CCH Actively Recruited List;
5. The hire of one CCH Direct Appointment;
6. Five proposed changes to the Cook County Exempt List;
7. Two interim assignments within the BHR.

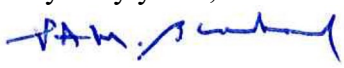
Monitoring

The OIIG currently tracks disciplinary activities in the FPD and Offices under the President. In this last quarter, the OIIG tracked (and selectively monitored) 34 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.

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

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