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Elizabeth Oplawski, Director of Compliance (DOC) for the Cook County Assessor's Office (CCAO), respectfully submits this Semi-Annual Report pursuant to Section V(B) of the [Employment Plan](#). As required by this section of the Employment Plan, this Semi-Annual report will also be posted and made publically available on the Cook County Assessor's Office [website](#).

## I. Introduction

This is the second Semi-Annual Report issued by the current DOC. I began in my role on August 23, 2021, and the first Semi-Annual Report submitted September 15, 2021, contained general information regarding the DOC and the Compliance Analyst activities and the ACA/Interim DOC's Second Interim Report. This report relates to activities conducted solely by the DOC and Compliance Analyst, and were conducted remotely, due to ongoing pandemic concerns.

As noted in my initial report, I take a proactive and collaborative approach to building an effective compliance program including self-initiated, periodic reports addressed to the Assessor and senior management. The Compliance Analyst is an integral part in helping the office maintain compliance, monitoring various employment activities and collaborating with me. As recently noted to the court, compliance and transparency work together to ensure the people who have to carry out the provisions of the Plan and Handbook – HR and supervisors alike – agree not only that what they are doing is right, but also that it is the correct way to do this, with civility and respect for all.

While the substance of this report reflects the past six months activities at the AO, I reviewed the March, 2021 semi-annual report to gauge the compliance progress at the AO in the last year as well. The former DOC noted that violations of the Plan or Handbook were "largely technical" and "while numerous and frustrating", many are "being caught [internally]". His characterization then also applies to the present state of the office during this reporting period, due in large part to key personnel changes and prolonged vacancies. Specifically, the Compliance Analyst joined the AO on April 6, the then Director of HR transferred to the Policy Department on June 1, followed by the DOC's departure on June 3. Additionally, Human Resources was reorganized with a Senior HR Generalist being promoted to Director of HR on June 1, a new Deputy of HR was hired in early July, and two new Senior HR Generalists were hired in October and January 2022 respectively. While the additional staff is needed and welcomed, it does not happen without a learning curve. Additionally, the Director of Training position has been vacant for at least a year, impeding effective training or timely updates to existing training. The new Director of Learning and Development is expected to start in late March. In January 2022, the Executive Assistant in Administrative Operations left the office, leaving a void related to both training and HR activities. Finally, the Valuations Department saw the departure of two key personnel as well. However, with stability in key positions, a full complement of HR personnel, and increased collaboration efforts by the DOC and Compliance Analyst, greater efficiencies are noted and the quantity of technical violations are decreasing, and presumed to continue a downward trend.



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Each of these factors contributed to challenges faced by the AO in achieving better compliance through fewer technical violations and lengthy hiring sequences (see discussion below). However, progress is noted. For example, the most recent hiring sequence was completed in approximately 10 weeks, the backlog of discipline is being eliminated because there is more staff to handle the myriad of HR responsibilities, and the first mandatory training module utilizing LMS achieved substantial compliance as noted by the ACA within the proscribed timeframe for completion (95% completion rate by the deadline) although the start was delayed by 2 days for technical issues. Lastly, the revisions to the Employee Handbook, Employment Plan and related training proved more substantial and time-consuming than anticipated when these projects began. The AO is on its way to fulfilling its obligations in this regard by early summer.

## II. Initiatives

### A. *Periodic Reports*

Weekly reports are submitted to the Assessor, key personnel at the AO, as well as the ACA and Plaintiffs' counsel in which the DOC/Compliance Analyst<sup>1</sup> are engaged, including action items. These reports validate collaboration efforts as well as substantive comment on compliance issues in addition to real time email notices of compliance issues. Action Items have been implemented by the AO as noted to enhance compliance efforts.

### B. *Standing Meetings*

The DOC engages in weekly meetings with the Assessor and Deputy Assessor to discuss areas of concern or possible initiatives deemed necessary and appropriate to ensure compliance with the Plan and Handbook, as well as engage in candid discussions regarding employee performance as appropriate.

The Compliance Unit and Deputy Assessor meet bi-monthly to candidly discuss compliance issues that include individual as well as office-wide concerns.

The Compliance Unit and Supervisors meet bi-monthly for collaboration purposes and to serve as a resource for Supervisors with compliance related questions or suggestions. We also meet weekly with HR for purposes of discussing enhancements to processes designed to assist HR staff and the AO better manage various processes generally noted during monitoring activities. The Deputy of HR as well as all of the staff are engaged in these discussions, receptive to suggestions, and work together to craft solutions. There were no topic-specific reports issued during this period, although the DOC report on Performance Evaluations was completed just after this reporting period closed on March 4, 2022.

### C. *Hiring Status*

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<sup>1</sup> For ease, the DOC/Compliance Analyst are generally referred to as the Compliance Unit throughout this report. If appropriate either will be noted individually.



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The DOC recommended HR block out tentative time at the beginning of the hiring sequence for each phase: Randomization, Validation, (Application Review Panel when appropriate) Interviews, and Ranking Meeting. Scheduling blocks of time in advance, with some flexibility built in if additional time is needed or conflicts arise, will allow for tighter hiring sequences from start to finish, rather than scheduling each step in the sequence as it arises. The AO is receptive and implementing this recommendation. Additionally, the prior DOC created a Hiring Status Spreadsheet to track where the CCAO is in different stages of all hiring sequences, capture data (e.g. number of days between critical steps of a hiring process), and allows the AO to report on efficiencies in hiring and identify where bottlenecks occur by creating quantifiable performance metrics. Now that HR is fully staffed this tool should prove more effective. The creation of the Intake Meeting, added to the Plan, has demonstrated merit in providing an opportunity to discuss the minimum and preferred qualifications, interview questions and overall review of the position description and process. This process should aid compliance in hiring sequences as well.

#### *D. Performance Management Checklist*

Another tool created by the previous DOC is the Performance Management Checklist to guide supervisors through the Performance Evaluation processes. HR distributed materials at the start of the annual Performance Management process, following training on the Performance Evaluation tool. The Compliance Unit collaborated on preparing these materials and given the overall success of the Performance Management process, this was helpful. See discussion below regarding 2021 Annual Performance Evaluation cycle.

### **III. Role of the DOC**

The DOC's primary responsibilities include but are not limited to the following:

#### *A. Understanding the Assessor's Office's organization, its business, operational objectives and needs, and its staffing needs*

The Compliance Unit engages in weekly collaboration meetings with HR, bi-monthly collaboration meetings with Supervisors as well as weekly meetings with the Assessor and Deputy Assessor to discuss operational issues and concerns and propose solutions to high-level compliance issues. These meetings, as well as being an integral part of Employment Plan, Handbook and training revisions have provided an opportunity to better understand the AO business, operational objectives and staffing needs. Monitoring activities for hiring, discipline, and annual performance evaluations provide another perspective into the objectives and needs of the office and result in meaningful recommendations for enhanced compliance when appropriate.



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## B. *Overseeing Compliance with the Policies of the Employee Handbook*

### 1. Handbook Revisions

My first semi-annual report noted that the AO recently completed edits to the Handbook and stated it was “both commendable and disappointing for many reasons”. Those revisions were not adequate to reduce the consistent feedback from the ACA, primarily for technical, rather than substantial deficiencies. For example, some time and attendance feedback from the ACA is rooted in the AOs decision to not administer discipline if such action could expose the AO to liability under the FLSA. While technical non-compliance with the Handbook exists, it is preferred over running afoul of the FLSA. Additionally, to the extent the current policy has no allowance for incidental overtime (i.e., due to assisting a taxpayer or IT staff assisting a co-worker with IT needs), another technical non-compliance occurs—late departure.

A streamlined, comprehensive policy that recognizes the public service aspect of the office, protects the integrity and the intent of the *Shakman* litigation, eliminates nuances, and is easy to comprehend and enforce is needed. Recently, the AO presented a whole cloth revision, borrowing from the policy used by the Offices under the President which has achieved substantial compliance under the *Shakman* litigation for its policy. This is in line with the direction I had hoped the office would move when I arrived. A one size fits all time and attendance policy is neither required nor appropriate under *Shakman*, and not my point. However, where agencies are similar, policies too can be similar. For example, the attendance needs of the Sheriff's Office, a law enforcement entity that operates 24/7/365 with over 5000 staff and more than 15 collective bargaining agreements likely requires a time and attendance policy much different than the AO or Offices under the President. It is hoped both Plaintiffs' counsel and the ACA will agree with the revisions presented.

The Handbook has undergone more significant revisions than anticipated at the time of my last report. If both Plaintiffs' counsel and the ACA recognize these changes are necessary and allow for the effective administration of policies, including time and attendance, reducing the instances of noncompliance for technical reasons, training can be prepared with anticipated completion in June. The AO will be meeting with Plaintiffs' counsel and the ACA to discuss any remaining areas of concern including the new time and attendance policy.

### 2. 2021 Annual Performance Evaluation Cycle

The Handbook requires annual performance evaluations be conducted between September 1<sup>st</sup> and January 31<sup>st</sup>. This is the CCAO's second performance evaluation cycle, which began in earnest later than anticipated due to the creation, training, and roll out of a Performance Application tool. However, despite the delay in getting started, nearly two hundred performance evaluations occurred between November 2021 and January 2022. Compliance monitored nearly every Performance Evaluation Meeting and was fully engaged solving the technical issues arising from the new app.

There are a number of commendable achievements. First, the app streamlined the performance evaluation



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process. Next, the evaluation meetings themselves were largely marked by the AO's employees' earnest belief in the overall value of the performance evaluation process. Finally, employees offered their own helpful feedback on how to make performance evaluations better. Even though there were some positive takeaways, improvement is needed, reflected in noted risk areas<sup>2</sup> that will continue to be fine-tuned. They included technical issues such as forms not containing the Employee Meeting date, evaluation periods being inaccurate, overall inaccuracies, and concerns regarding Supervisory Meetings excluding the DOC/ACA. Compliance proposed that the next annual cycle utilize universal evaluation period (i.e., September 1 to August 31) in which case errors would be generally eliminated. During this past cycle, Compliance proposed Supervisors indicate they had no additional comments if appropriate to demonstrate their review and agreement with the document and reflect the extent of a Supervisory Meeting via email included the DOC/ACA. This was generally implemented, and omission either occurred prior to the recommendation or through inadvertence. As anticipated, both supervisors and employees generally embraced the process whole-heartedly and provided positive feedback.

Compliance monitored additional performance evaluations (90 and 180 day). There remained an issue of the evaluations not being completed within the time constraints, but the delays are significantly less than noted previously. Additionally, part of the timeliness issue resulted from a change in personnel handling the notification to supervisors. The DOC recommended, and HR implemented as part of the onboarding process, that a calendar reminder be set for the supervisor before the deadline to ensure timely completion of the 90 and 180 day evaluations.

### 3. Performance Improvement Plans (PIPs)

The CCAO's Employee Handbook defines the PIP as a formal written process to assist the employee in improving his or her performance to a satisfactory level in specific work-related areas. PIPs are required when an employee receives a performance evaluation score below 2.5, whether annual, 90-day or 180-day. They can also be implemented at any time of the year when an employee is not performing up to expectations. During this reporting period one PIP was initiated for an employee who was not performing up to expectations. The process was extended for legitimate reasons, but ultimately concluded unsuccessfully. The determination for an unsuccessful PIP is in process but not yet resolved. Following the 2021 Annual Performance Evaluation cycle, approximately 8 employees will be placed on a PIP. HR will be providing assistance about preparing and completing PIP documentation for supervisors overseeing a PIP. This will also provide an opportunity for supervisors to raise questions about the process. This will be monitored and recorded for future reference, being done in collaboration with the Compliance Unit.

In the last semi-annual report, the DOC noted inconclusive PIPs could be eliminated with policy revisions

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<sup>2</sup> The Compliance Unit prepared a report on the overall Performance Evaluation process on March 4, 2022, the substance of which is not repeated here.



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that include flexibility for when the PIP is implemented, recognizing the cyclical nature of the work at the AO. These changes have been proposed and are undergoing final review.

#### 4. Time and Attendance

The DOCs comment regarding time and attendance is discussed extensively above. There is no dispute that punctuality, regular attendance, and compliance with attendance policies are vital to a well-functioning AO. However one item of consistent feedback from the ACA merits discussion. The AO utilizes CCT, the timekeeping database utilized by all (if not nearly all) Cook County employees and managed by the County, not the AO. The AO policy require various information to be made "in CCT". Despite employees following the policy, ACA feedback notes noncompliance because information is not contained on the electronic timecard, even if captured in CCT. When an employee enters a request for the use of benefit time, they complete an automated process. A dialogue box is available for additional information, but not generally required to complete a request. Information included in the dialogue box does not automatically populate the CCT timecard, so even when supervisors were providing notes in the dialog box as required, they were not reflected on the timecard. Additionally, only the employee can make a request for the use of benefit time, unless unavailable to do so. The Supervisor or Director of HR can update CCT if needed. Various types of reports can be generated from CCT regarding attendance.

Feedback from the ACA regarding time and attendance notes that comments that do not appear on the timecard, even if entered in CCT through the dialogue box, is noncompliance. That is not what the Handbook requires, nor supervisory understanding. Compliance advised supervisory staff of this issue and improvements in this area are noted. The revised policy is anticipated to be less convoluted resulting in fewer deficiencies by both employees and supervisors, and bring about more consistency in the administration of appropriate discipline.

#### 5. Discipline

During this reporting period, there were multiple matters monitored by the Compliance Unit. Nearly all of these matters took an extensive amount of time to complete. In part the delays related to the staffing issues and changes in personnel in HR. Delays also result because the process is a bit cumbersome. Supervisors must send a request for disciplinary action to HR containing facts and policy violation(s). HR is then charged with conducting an investigation (if needed-but nearly always), preparing a report, making a determination regarding discipline, obtaining supervisory concurrence with the discipline, conducting a pre-disciplinary meeting (if required), then issuing the discipline. Most steps require 2 business days' notice to the ACA and DOC for monitoring purposes. Having HR ensure consistent infractions are treated equally throughout the office is appropriate. However, requiring HR to nearly always conduct an investigation for purposes of thoroughly understanding the minutiae of job duties in order to interview the employee is not as efficient as a supervisor preparing a thorough analysis and recommendation for discipline for HRs review.



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Interviews may not be required if a few questions to an employee or witness can clarify whether discipline should be imposed or not. For example, an employee in one instance failed to call in 30 minutes prior to the start of their shift as required by the Handbook due to being in the ER. However, not all visits preclude an employee from complying with the Handbook call-in provisions. The DOC recommended an easy solution would be to email the employee and request they provide their discharge paperwork (confidential information redacted). Despite repeated requests, this employee failed to provide the necessary paperwork until an interview was conducted. There was nothing unclear in HRs requests, rather the employee was borderline insubordinate by not complying with the email request, particularly since they ultimately provided the documentation<sup>3</sup> and no discipline was issued. An extensive amount of time was spent on this process, needlessly.

#### 6. Notices of Employment Action

Notices of Employment Action (NEAs) are the method by which the AO documents and notifies the DOC and ACA of Shakman-related employment actions such as Overtime Worked, Modified Work Schedules, and Training. NEAs are often accompanied by supporting documentation such as timesheets, overtime records, or records supporting a request for a schedule change. NEAs for overtime continue to cause technical as well as timely issues for the AO. The DOC recommended overtime reports contain a screenshot of the CCT timecard to reduce errors in completing the form manually, as well as be submitted bi-weekly so completing administrative work during busy periods is reduced.

#### 7. Grievances

The DOC monitors grievances, and does not note any substantive concerns from a compliance perspective. The union does have new personnel unfamiliar with the AO's *Shakman* obligations. While this learning curve has resulted in extended interactions, it has not ultimately impacted *Shakman* compliance. It is the DOCs understanding there will be a discussion with union personnel outside of any specific grievance matter about the role of the ACA, DOC and *Shakman* obligations.

- C. *Actively working with the Chief Administrative Officer and the Deputy of HR in developing strategies for the Plan as well as necessary Policies and Procedures to ensure compliance with the Plan.*

The CAO has been with the office for approximately two years, but has experienced staffing challenges. The Director of Training position has been vacant for more than six months, which places that responsibility primarily on the CAO, along with the myriad of other responsibilities. There has also been performance issues with another key staff ultimately resulting in their departure. Despite the challenges, the CAO ensured the first full scale LMS learning module (Employment Plan training for Supervisors) was accomplished nearly on time and with substantial compliance. There was a 2-day delay in starting the

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<sup>3</sup> The DOC noted concerns about the veracity of documentation submitted to HR. The DOC also believes that the burden of providing requested documentation rests with the employee, and failure to do so in a timely manner should not delay discipline determinations.



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training due to technical issues, but the closure date was extended, and the training achieved 95% of staff completing the training.<sup>4</sup>

The DOC meets regularly with the Deputy of HR and CAO regarding training in particular, but other issues as well, and looks forward to working with the Director of Learning and Development who begins with the AO at the end of March on training initiatives to further enhance compliance.

*D. Accepting, Investigating, and reporting on complaints related to the Employment Plan.*

There was one matter that involved a complaint of improper political activity initiated by the prior DOC, continued by the ACA/Interim DOC, and completed by myself. The investigation was unfounded and the report was provided to the Assessor and key personnel at the AO along with the OIIG, ACA, Plaintiffs' counsel.

*E. Reviewing Position Descriptions and Notices of Job Opportunities and taking appropriate steps to assure their accuracy.*

With each new job posting, Compliance reviews the Position Description and compares that to the Notice of Job Opportunity to ensure accuracy. Disqualifying questions need to be configured appropriately to allow HR to more easily screen out those applicants who, by their own admission, do not meet minimum qualifications. There have been a few instances where Compliance noted the disqualifying questions needed to be reconfigured before a posting was active to eliminate compound questions and ensure the validation process could be more effective. The use of the Intake Meeting, a new initiative, should reduce these instances, particularly as new HR staff becomes more familiar with AOs procedures.

Compliance also reviews Position Descriptions for newly created/contemplated positions to ensure the minimum qualifications are thought out and carefully worded to attract the appropriate candidates. The need for objectively ascertainable minimum requirements one must possess to be considered for employment is critical and as the prior DOC noted "not be a continuation or a repetition of essential duties." Additionally, the DOC has urged the AO to utilize comparisons of minimum and preferred qualifications for other similarly grade positions. HR continues to enhance these records as position descriptions change. While there can be variances among position qualifications due to the nature of the position, sound reasoning should be proactively provided based on objective criteria from the Deputy.

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<sup>4</sup> Records showed 3 employees had not completed the training. One was on leave, one completed it, but did not receive acknowledgement of completion, and the 3<sup>rd</sup> had technical issues completing the training.





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F. *Working with HR to implement training programs, prepare training materials, and conduct training for all employees on the Employment Plan and other policies.*

During this period, Compliance was involved with reviewing and commenting on training decks for various items such as Handbook, Interview, and Employment Plan. However, due to the substantive revisions of the Plan and Handbook, annual training was paused so staff can receive training on the revised documents. The Employment Plan training for Supervisors was completed in February as noted above, utilizing on-line training. Additional enhancements such as post-training questions, and employee certifications as to their active participation be considered for future trainings and will ensure greater recordkeeping for compliance purposes. While LMS trainings are self-driven and cannot be monitored "live" for participation, the DOC and ACA will have an opportunity to review and comment on training decks in advance and can review attendance records at the completion of the module with LMS generated reports.

G. *Making recommendations to the Assessor and Department heads to eliminate and remedy any instances of noncompliance with the Employment Plan, and Unlawful Political Discrimination or Unlawful Political Contact.*

As noted above, the DOC maintains communication with not only the Assessor and Chief Deputy Assessor though weekly meetings and preparing weekly reports including action items when appropriate. The Compliance Unit also meets with HR weekly to collaborate on matters and suggest remedies to ensure weaknesses of processes that could lead to instances of noncompliance. Additionally, the DOC meets at least weekly with the AOs Shakman team to provide input regarding questions of noncompliance as well revisions to the Handbook and Plan. In the past year, the AOs office has had three individuals serve as liaison with the ACA, the most recent being the General Counsel, and is quite effective in that role.

H. *Monitoring activities pertaining to the employment of Shakman covered positions, including but not limited to, participating in validation, interviews, and candidate selection meetings.*

1. General Hiring Process

During this reporting period, the office commenced or filled these General Hiring Process processes.<sup>5</sup>

1. IC Field Inspector: This position was initially posted in late spring of 2021, and the ACA/Interim DOC raised concerns regarding Plan and Handbook compliance. Those issues were resolved, after significant discussions and this sequence moved forward in December with interviews, followed soon thereafter by the Ranking Meeting. The DOC noted a mistake by HR in providing some

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<sup>5</sup> The DOC notes that during the majority of this reporting period HR was not fully staffed. Additionally, the HR staff experienced several periods of time when leaves of absence were required which impacted a smooth flow for hiring sequences. A fully staffed HR department, and better familiarity with processes by the newest members should bring about a reduction in the length of hiring sequences during the next reporting period.



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performance documentation for an internal candidate inconsistent with that allowed for in the Plan and stopped consideration of that information. HRs action had no impact on the candidate's overall ranking based on the discussions that occurred during the Ranking Meeting. An offer was extended in late December and the candidate started in January, 2022. The next ranked candidate was extended an offer in February, 2022 so two vacancies were filled from the same hiring sequence; a benefit of utilizing ranking lists.

2. Residential Field Inspector: This position was initially posted in the Spring 2021 and following interviews and ranking, the ACA/Interim DOC paused the sequence because the Deputy's actions regarding selection was not compliant with the Plan. After significant discussions to clarify requirements, two offers were extended in October, 2021. Both initially accepted, but one declined the position on the start date. An offer was extended to the next ranked candidate in December who began employment in January 2022.
3. Community Outreach Liaison: This position was also initiated in the Spring, but not posted until August. There were also delays in preparing interview questions but the interviews and Ranking Meeting were compliant. There was a delay in extending an offer to the first candidate who declined the offer. The next candidate on the Ranking List was extended an offer without a Justification to Hire and Grant of Authority, which is a violation of the Plan, noted by the ACA. The documentation was prepared and the offer properly extended a second time. While this instance did not result in an offer being extended to the wrong party, without proper documentation preceding an offer, the risk of extending an offer to an improper party in violation of the Plan increases. The successful candidate began in this role in January, 2022.
4. Senior HR Generalist: This position was posted in early Summer. There were concerns raised by the ACA/Interim DOC about certain candidate validations which were resolved during the Validation Meeting. Interviews and the Ranking Meeting were conducted in August. The first offer was accepted in September, with a late October start date. An offer letter was extended to the next ranked candidate in late October, who began after the holidays in January 2022. There were no additional compliance issues noted aside from that during validation by the ACA/Interim DOC.
5. FOIA Specialist: This position posted in October, 2021, with an offer extended in February 2022. However, the selected candidate rejected the offer, and the next eligible candidate received an offer in early March. This hiring sequence was conducted much more efficiently and no substantial compliance issues were noted in the process once the position was posted. While there were delays in the hoped for posting, (early summer), once active, the sequence was completed relatively efficiently considering the staffing issues and holidays that occurred during this sequence. No substantial compliance issues are noted.



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6. Assistant Manager TPI – Branch Offices: This position was the first to utilize the newly created Intake Meeting process and proved beneficial. Discussions about for minimum or preferred qualifications to aid in the validation process as well as the interview questions occurred, and should provide better clarity for the validation, interviews and ranking meeting. While that meeting was not perfectly executed<sup>6</sup> the DOC was present and able to guide the process along with the Sr HR Generalist. The position was posted February 9, 2022, with the validation meeting scheduled for March 11, and interviews will be scheduled shortly thereafter.
  7. Manager of Legal Services: This position was posted March 9, 2022 and also benefitted from the Intake Meeting discussion regarding the minimum and preferred qualifications along with the interview questions.
  8. TPI Specialist II: The Intake Meeting occurred on February 22, 2022, and included a discussion about the qualifications and interview questions. There was also discussion about whether tasks were full time to ensure it is conducted on a regular and consistent basis rather than occasional. This position posted March 3, 2022. Additional information regarding this hiring sequence will be reported in the next semi-annual report.

## 2. Actively Recruited

During this reporting period, the office filled the following position using the Actively Recruited Hiring Process:

1. Director of Learning and Development: (Actively Recruited) This position is revised from and replaces the Director of Training position which was an Actively Recruited Position. There was some confusion as to whether this new position would require consideration under the Actively Recruited Process since it was in essence a modification of an existing Actively Recruited position. Consensus was obtained from the ACA and Plaintiffs' counsel on this issue following discussion at the Court status. In the hiring sequence, there was an error in placing the candidates through the randomization process – only utilized during the general hiring process – however, it did not adversely impact any candidates. The Application Review Panel convened and selected candidates to interview following the validation process. The Interviews and Ranking Meeting were uneventful. A candidate was extended an offer, accepted it and is scheduled to begin on March 28, 2022. This Hiring Sequence was completed in approximately 10 weeks from posting.

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<sup>6</sup> The Deputy of HR was expected to conduct this meeting but due to extenuating circumstances was out of the office for approximately 10 days at this time.



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### 3. Exempt Hiring

The DOC's role in Exempt Hiring sequences is limited to ensuring that the selected individual meets the particular position's minimum qualifications. A list of Exempt positions is maintained on the CCAO's website along with links to the position descriptions. Changes to the list of Exempt positions, or their descriptions, are subject to the approval of the DOC, ACA, and Plaintiffs' Counsel.

1. Legal Counsel: A candidate was presented and found to possess the minimum qualifications for the position. However, she declined the offer. Two subsequent candidates were presented and both found to possess the minimum qualifications for the position and fill 2 vacancies. They started in January 2022.
2. Director of Data Integrity: A candidate for the Director of Data Integrity was identified whom the DOC concluded met the minimum qualifications. The ACA requested that additional information be obtained from the candidate to clarify the extent to which the candidate performed the enumerated responsibilities before finding he met the minimum qualifications. He started in January, 2022.
3. Director of Valuations Research: A candidate for the Director of Valuations Research was identified. The minimum qualifications included specific degrees but also "or related field". To confirm my presumption that the candidate's degree (sociology) was in fact a related field, the DOC researched a comparison of the possible related degree (public administration) and the candidate's degree. Finding a relationship, the DOC determined the candidate possessed the minimum qualifications and noted the directly related professional experience substantially exceeded the minimum qualification. Neither the ACA nor Plaintiffs' counsel agreed the degree was related, yet found the candidate qualified and recommended revising the position description to eliminate specific degrees to resolve any concerns regarding education.
4. Chief Management Officer: This is a newly created position and the DOC collaborated on refining this position description toward the end of the reporting period. Additional information will be provided in the next report.
5. Director of Special Projects – Commercial: This is a newly created position and the DOC also collaborated on refining this position description toward the end of the reporting period. Additional information will be provided in the next report.

### IV. Requirements of this Semi-annual Report.

Section V(B) of the Employment Plan requires that this semi-annual report include the following: (i) auditing activities as required by the Plan; (ii) discovered violations of the Employment Plan or policies in the Employee Handbook referenced in this Plan; (iii) complaints of Unlawful Political Considerations in Employment Actions referred to the OIIG; (iv) remedial actions recommended; and (v) corrective actions



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taken by the Assessor's Office to address the violations.

*A. Auditing activities*

Compliance monitored all aspects of each hiring sequence and was a key participant in bringing the performance evaluation tool into compliance as well as troubleshooting issues with IT for remedies during evaluations. Additionally the compliance unit monitored disciplinary matters, engaged in collaboration efforts including suggestions for more effective interviews, and using email to gather documentary evidence rather than interviews to help increase efficiency in the investigatory and disciplinary processes.

*B. Discovered violations of the Employment Plan*

The technical issues regarding time and attendance is discussed above, and most noteworthy. There remains technical issues with hiring sequences including omissions in the Posting File. However, the documents that belong in the Posting File are also circulated and approved separately. This technical issue is not substantive. In one instance where the Posting File was noted by the ACA as lacking, the Senior HR Generalist had correctly followed the Plan and provided language supporting her actions, which revealed a discrepancy in the processes for General Hiring and Actively Recruited positions in the Plan. Whether intentional or not, the Plan will be resolved so both processes are consistent. The most significant issue occurred in the Community Outreach Liaison and the FOIA Specialist positions and are discussed above.

*C. Complaints of UPD referred to the OIIG*

One complaint having a component that touched upon possible UPD was referred to the OIIG who directed the DOC to investigate. Following the DOCs departure in June, 2021, the ACA/Interim DOC continued the investigation which was completed and the allegations were unfounded. The report was provided to the appropriate parties.

*D. Remedial Actions Recommended*

Action Items are contained in my Weekly Reports and include the following recommendations:

- Consult with the ACA to determine if same-day rescheduling can be accommodated resulting from unforeseen conflicts. The ACA has agreed, to the extent a monitor is available. This was utilized with one Employee Meeting during the Performance Evaluation cycle when the employee was out on the originally scheduled day.
- Compliance collaborated with HR in preparing enhanced reference materials for the Annual Performance Evaluation. This issue arose at a Supervisor-Compliance collaboration meeting, and was effective.
- Create more automated overtime forms. While this process has not started, a revised overtime report has been modified to capture a two-week period (by pay period) and utilize screenshots of CCT time. Doing so will reduce the amount of time reporting overtime and preparing documentation. The Handbook will require revisions as it currently requires weekly reporting, but will hopefully be resolved as the Handbook is finalized.



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- During the Annual Evaluation cycle, the DOC requested 2021 be viewed as transition years to allow for flexibility in the 2021 cycle since it was the second year and a uniform evaluation period was not captured for all employees. If the AO accepts the DOCs recommendation for a uniform 12-month period (i.e., September 1 to August 31) the 2022 cycle will not cover a full 12 month period and need to be viewed as transition, but will move the AO to consistency for the 2023 period.
  - Recommended CCT be utilized to determine compensatory time accrual levels and provide data to Deputies when the 240 hours cap is approaching. Payroll did so on two occasions, waivers were completed timely, and employees continued to perform required overtime to meet deadlines.

E. *Corrective actions taken*

HR continues to be more organized in accordance with the Plan requirements. Hiring sequences have been running more efficiently and smoothly. Additionally HR has begun to take a more proactive approach to discipline and investigating more swiftly, including meeting with staff to better understand job requirements when discipline involves performance related concerns.

V. **Substantial Compliance**

On August 15, 2012, the Assessor's Office consented to the entry of an Agreed Order by the District Court. The Agreed Order provides the framework for the Assessor's Office to implement additional policies and procedures to assure that all aspects of employment are free from unlawful political discrimination. In order to be removed from federal oversight, the AO has the burden of showing that it is in Substantial Compliance with the Consent Decrees and the Agreed Order. Substantial Compliance means:

- A. *The Assessor has implemented the New Employment Plan, including procedures to ensure compliance with the Employment Plan and identify instances of non-compliance*

Revisions to the Employment Plan was completed in late January, and training for supervisors was completed by February 25, 2021. Training for all employees is forthcoming, following review by the DOC and ACA, and will again utilize LMS. The Office has adopted methodologies to ensure compliance with the Plan and identify instances of non-compliance. These include maintaining more organized Posting Files, providing training to appropriate personnel on interviewing, and standardizing processes outside of those already prescribe by the Plan. Additionally, HR has prepared binders containing the current Handbook and collective bargaining agreement. The Plan will be printed and distributed along with the revised Handbook when complete. A greater emphasis on employees and supervisors to consult these guiding documents before acting, and if unclear contact HR or the Compliance Unit for assistance is now more readily available to all personnel.

- B. *The Assessor has acted in good faith to remedy instances of non-compliance that have been identified, and prevent a recurrence*



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Supervisors are engaged in the collaboration meetings and even approach the Compliance Unit proactively. Training is available to guide staff in compliance. The goal is to ensure the staff who have to carry out the provisions of the Plan and Handbook not only agree that what they are doing is right, but also that they agree it is the correct way to do things. A new time and attendance policy less nuanced will reduce instances of non-compliance in this area. A fully staffed HR will enable hiring and discipline occur with continued good faith and further reductions in technical non-compliance. The addition of the Director of Learning and Development is anticipated to assist in many ways, including preparation of narrowly tailored training materials expected to bring about deeper understanding of processes at the convenience of staff and greater compliance.

- C. *The Assessor does not have a policy, custom, or practice of making employment decisions based on political reasons or factors except for Exempt Positions*

There were no matters concerning potential UPD referred to the OIIG. It appears that the Assessor has changed its discriminatory practices and implemented a proper and transparent employment policy, and it is much more difficult for corrupt political hiring to occur. All hiring that has occurred has been made on merit.

- D. *The absence of material noncompliance which frustrates the Assessor's Consent Decrees and the Agreed Order's essential purpose. However, technical violations or isolated incidents of noncompliance shall not be a basis for a finding that the Assessor is not in substantial compliance*

Technical issues remain, and perfection is not required. As noted throughout this report, the volume of issues continues to decline. Additional staff ensures the AO is moving in the right direction and as they become more familiar and comfortable with their responsibilities, the volume should continue to decline.

- E. *The Assessor has implemented procedures that will affect long-term prevention of the use of impermissible political considerations in connection with employment with the Assessor.*

The Plan and Handbook provide the long-term guide to prevent the use of impermissible political considerations. The AO just completed Plan revisions and is discussing Handbook changes with the ACA and Plaintiffs' counsel, and training will follow. One of the goals of the compliance unit is to assist in the implementation of policies and procedures that will live beyond different administrations and have the lasting effect of maintaining compliance. Continued efforts to streamline or automate many processes will help reduce the technical, inadvertent violations, increase transparency, and make it more difficult to intentionally deviate from the written provisions. The AO has documentation related to employee performance (i.e., objective computer generated reports) and relevant information continues to improve. Continued collaboration and monitoring by the Compliance Unit ensures safeguards to prevent impermissible political considerations regarding employment.

The Assessor and Chief Deputy's commitment to regularly meet with the DOC, and the Compliance Analyst, listen to the recommendations, and embrace or work toward a compromise demonstrates a desire



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to reach substantial compliance with the Agreed Order. Working in harmony with HR, is vital to the success of the AO's commitment to adopting a practice of timely responding to all of the recommendations from Compliance, not just those made in connection to an investigation or audit. HR and the Compliance Unit have a very good working relationship toward this element of compliance.

As reported to the Court, the AO has not only changed its discriminatory practices and implemented a proper and transparent employment policy, there has not been any substantial compliance issues during this reporting period. Clearly the office has made it more difficult for corrupt political hiring to occur, and is very mindful of the need for objectivity in all employment areas.

Respectfully submitted,

Elizabeth M.S. Oplawski  
Director of Compliance  
Cook County Assessor's Office