

Audit Division Report **Audit of 2020 Investigation Timeframe Requirements**

CD-553-2021

15 November 2021

The Audit Division conducted this audit—the second in a series of annual audits as required by consent decree paragraph 553—to assess whether the Bureau of Internal Affairs’ (BIA) new Case Management System (CMS) collected the data necessary to evaluate BIA’s compliance with consent decree paragraphs 446(a), 446(b), 471, 472, 474, 498, and 500 for the period 01 January 2020 to 31 December 2020. The Audit Division did not assess whether other data and/or documentation in BIA’s possession (e.g., paper files) demonstrates compliance with the abovementioned paragraphs. The Audit Division plans to assess these additional data sources in subsequent annual audits of BIA procedures.

FINDING 1

Standards

Consent Decree paragraph 446(a): “within five business days of receipt of a non-confidential complaint COPA or BIA will send non-anonymous complainants or their representatives a written notice of receipt. The notice will include the unique tracking number assigned to the complaint. The notice will advise the complainant or his or her representative whether BIA or COPA will be investigating the complaint, and how the complainant or his or her representative may inquire about the status of the investigation. The notice will not contain any language discouraging participation in the investigation.”

Current Practices

According to BIA officials, the Civilian Office of Police Accountability (COPA) is primarily responsible for sending the 5-day notice to complainants or their representatives.¹ As such, initial contact information is collected and stored by COPA, which is not synchronized with BIA’s CMS. However, once BIA receives the log number from COPA, the Bureau mails written notifications as a secondary measure to ensure notification.

According to BIA officials and representatives from its CMS vendor, BIA members upload copies of these notifications as attachment to the case file in CMS. Because the Audit Division was not aware until the end of the audit process that notifications for the period under review were uploaded to CMS, the Audit Division was unable to independently verify the existence of these notifications. The Audit Division will assess BIA’s compliance with paragraph 446(a) in its next annual BIA audit.

Reasons Current Practices do not Meet Standards

Not applicable.

¹ This aligns with information found on COPA’s website: <https://www.chicagocopa.org/investigations/investigative-process/>

Implications

Not applicable.

Recommendation 1

Not applicable.

FINDING 2a

Standards

Consent Decree paragraph 471: “**The City and CPD will ensure that BIA arrives at the investigative findings and recommendations within 180 days of the initiation of the investigation.** Any request for an extension of time must be approved in writing by the Chief of BIA or his or her designee.”²

Current Practices

According to CMS data, of the 236 cases BIA closed in 2020³:

- 115 (48.7%) cases arrived at the investigative findings within 180 days or less of the initiation of the investigation
- 111 (47.0%) cases arrived at the investigative findings after 180 days of the initiation of the investigation
- 10 (4.2%) cases where critical fields used to determine compliance were blank (null)

Reasons Current Practices do not Meet Standards

Because the focus of this audit was on CMS, the Audit Division did not assess why 47.0% of BIA cases arrived at investigative findings after 180 days. In regards to the blank fields, for the period under review, no data controls were in place that require the completion of critical fields (*Agency*, *CPD Assignment Date*, and *Investigative Findings Date*) used to determine compliance with this deadline before fully closing a case.

Implications

Because of incomplete data stored in CMS, the Department is unable to utilize the system to fully assess compliance with paragraph 471. However, the results from existing data suggest the Department is not in compliance with consent decree paragraph 471.

Recommendation 2a

The Audit Division recommends that BIA, working with its CMS vendor, incorporate data controls within CMS that require entry of data for critical fields (e.g., *Agency*, *CPD Assignment Date*, and *Investigative Findings Date*) before a case can be fully closed.

Auditee Response

BIA will continue to work with Column [the Department’s CMS vendor] to incorporate data controls for critical fields.

CMS data reflects 40 cases in a “Close/Hold” status. The Closed/Hold status is used when an accused member retires, resigns, or takes an LOA prior to the investigation reaching final disciplinary disposition. Closed complaint

² Note that the Audit Division used the date that the case is assigned to BIA as the date signifying the “initiation of the investigation.” This date may differ from the date the COPA received the complaint.

³ 448 BIA cases had no affidavits and are excluded from the analysis associated with this finding. The Audit Division did not assess the extent to which CMS properly documents the affidavit override process.

register investigations are sent to the Advocate Section to process, if the investigation has sustained investigate findings with a proposed penalty, and a member had retired, resigned, or taken an LOA prior to being served with the suspension notification or serving the suspension after being notified, the investigation is placed in a Closed/Hold status.

Closed/Hold: member has not fulfilled the suspension.

FINDING 2b

Standards

Consent Decree paragraph 471: “The City and CPD will ensure that BIA arrives at the investigative findings and recommendations within 180 days of the initiation of the investigation. **Any request for an extension of time must be approved in writing by the Chief of BIA or his or her designee.**”

Current Practices

CMS includes a field where users can track an extension date of the investigation; however, use of this field is optional and the Audit Division found no entries in this field for any case closed in 2020.⁴

Reasons Current Practices do not Meet Standards

Requests and approvals for extensions are not logged in CMS. In addition, the system does not have a distinct location for digitally storing copies of written approvals.

Implications

Because of incomplete data stored in CMS, the Department is unable to utilize the system to assess compliance with paragraph 471. Determining the Department’s compliance with Consent Decree Paragraph 471 will require the manual analysis of paper files.

Recommendation 2b

The Audit Division recommends that BIA:

- i. Require its investigators to log extension dates in the existing CMS field
- ii. Work with its CMS vendor to create and utilize a distinct digital storage location linked to or within CMS for uploaded written time extension approvals.

Auditee Response

BIA will work with investigators and their supervisors ensuring extension log request/approval are documented and uploaded.

Extension requests are captured in the notes section and documents can be scanned and uploaded into CMS. BIA will continue to work with Column to identify how this process can be captured for Consent Decree compliance.

FINDING 3a

Standards

Consent Decree paragraph 472: “The City and CPD will ensure that the districts arrive at the **investigative findings and recommendations within 90 days of the initiation of an investigation.**”

⁴ The Audit Division did identify 382 instances with extension dates in 2020 but case close dates in 2019. These instances were not part of the Audit Division analysis as the scope of the audit included only 2020 closed cases. Audit of 2020 Investigation Timeframe Requirements

Any request for an extension of time must be approved in writing by the appropriate District Commander.”⁵

Current Practices

Of the 235 cases closed by Districts⁶:

- 68 (28.9%) cases closed arrived at the investigative findings within 90 days or less of the initiation of the investigation
- 162 (68.9%) cases arrived at the investigative findings after 90 days of the initiation of the investigation
- 5 (2.1%) cases where critical fields that are used to determine compliance were blank (null)

Reason Current Practices do not Meet Standards

Because the focus of this audit was on CMS, the Audit Division did not assess why 68.9% of District-level cases arrived at investigative findings after 90 days. In regards to the blank fields, no data controls are in place that require the completion of critical fields (*Agency, CPD Assignment Date, and Investigative Findings Date*) used to determine compliance with this deadline before fully closing a case.

Implications

Because of incomplete data stored in CMS, the Department is unable to utilize the system to fully assess compliance with paragraph 472. However, the results from existing data suggest the Department is not in compliance with consent decree paragraph 472.

Recommendation 3a

The Audit Division recommends that BIA, working with its CMS vendor, incorporate data controls within CMS that require entry of data for critical fields (e.g., *Agency, CPD Assignment Date, and Investigative Findings Date*) before a case can be fully closed.

Auditee Response

BIA will continue to work with Column [the Department’s CMS vendor] to incorporate data controls for critical fields.

CMS data reflects 40 cases in a “Close/Hold” status. The Closed/Hold status is used when an accused member retires, resigns, or takes an LOA prior to the investigation reaching final disciplinary disposition. Closed complaint register investigations are sent to the Advocate Section to process, if the investigation has sustained investigate findings with a proposed penalty, and a member had retired, resigned, or taken an LOA prior to being served with the suspension notification or serving the suspension after being notified, the investigation is placed in a Closed/Hold status.

Closed/Hold: member has not fulfilled the suspension.

⁵ Note that the Audit Division used the date that the case is assigned to BIA as the date signifying the “initiation of the investigation.” This date may differ from the date the COPA received the complaint.

⁶ 487 District-level cases had no affidavits and are excluded from the analysis associated with this finding. The Audit Division did not assess the extent to which CMS properly documents the affidavit override process.

FINDING 3b

Standards

Consent Decree paragraph 472: “The City and CPD will ensure that the districts arrive at the investigative findings and recommendations within 90 days of the initiation of an investigation. **Any request for an extension of time must be approved in writing by the appropriate District Commander.**”

Current Practices

CMS includes a field where users can track an extension date of the investigation; however, use of this field is optional and the Audit Division found no entries in this field for any case closed in 2020.

Reasons Current Practices do not Meet Standards

Requests and approvals for extensions are not logged in CMS. In addition, the system does not have a distinct location for digitally storing copies of written approvals.

Implications

Because of incomplete data stored in CMS, the Department is unable to utilize the system to assess compliance with paragraph 472. Determining the Department’s compliance with Consent Decree Paragraph 472 will require the manual analysis of paper files.,

Recommendation 3b

The Audit Division recommends that BIA:

- i. Require Accountability Sergeants to log extension dates in the existing CMS field
- ii. Work with its CMS vendor to create and utilize a distinct digital storage location linked to or within CMS for uploaded written time extension approvals.

Auditee Response

BIA will work with investigators and their supervisors ensuring extension log request/approval are documented and uploaded.

Extension requests are captured in the notes section and documents can be scanned and uploaded into CMS. BIA will continue to work with Column to identify how this process can be captured for Consent Decree compliance.

FINDING 4

Standards

Consent Decree paragraph 474: “CPD will ensure that if BIA does not arrive at the investigative findings and recommendations within 180 days, or an Accountability Sergeant does not arrive at the investigative findings and recommendations within 90 days, BIA will notify, within five days of the end of the designated timeframe, the complainant or complainant representative, and the involved CPD member, or his or her counsel (unless such notification would compromise the integrity of the investigation). Such notification will include the reasons for the inability to complete the administrative investigation within the designated timeframe. BIA or the Accountability Sergeant will update such notice every 90 days until the administrative investigation is completed.”

Current Practices

Notifications of extensions to complainants or their representatives are not stored in CMS in a manner that is amenable to systematic verification. According to BIA, these notifications are sent via mail or via telephone.

According to BIA's CMS vendor, some contact attempt information is stored in the CMS History table, a table used to store narrative information about interactions with complainants or their representatives. The CMS History table does not easily allow for quantitative analysis as the data stored in the table contains text, but can be used to generate reports of contact history (e.g. when contact(s) are made, who made the contact(s), outcome of the contact(s)).

Reasons Current Practices do not Meet Standards

The information needed to determine BIA's compliance with Consent Decree Paragraph 474 is not systematically collected in CMS.

Implications

Because digital copies of notices of extension are not stored in CMS, determining the Department's compliance with Consent Decree Paragraph 474 will require the manual analysis of paper files.

Recommendation 4

The Audit Division recommends that BIA:

- a) Work with its CMS vendor to utilize a distinct digital storage location linked to or within CMS for uploaded notice of extension letters sent to the complainant or their representative
- b) Institute controls to ensure that investigators and Accountability Sergeants uniformly document notice of extension letters sent to the complainant or their representative.

Auditee Response

Documents such as extension letters can be scanned and uploaded into CMS. BIA will work with investigators to ensure compliance of paragraph 474. BIA will continue to work with Column to identify how this process can be captured for Consent Decree compliance.

Column Case [the Department's CMS vendor] will work with BIA to enforce the recording of Complainant Contact for cases that exceed the 180/90-day investigative finding deadline within the 5-day deadline. Additionally, BIA will continue their work on policy and training to obtain compliance with Consent Decree paragraph 474.

FINDING 5

Standards

Consent Decree paragraphs 446(b): "within 60 days of the final disciplinary decision the complainant will be provided a copy of the Administrative Summary Report."

Current Practices

Although this information might be collected in narrative fields, CMS does not systematically document when BIA provided a copy of the Administrative Summary Report (ASR) to the complainant.

Reasons Current Practices do not Meet Standards

During the period under review, no field existed in CMS to capture whether BIA provided a copy of the ASR to the complainant.

Implications

Because of incomplete data stored in CMS, the Department was unable to utilize the system to assess compliance with paragraph 446(b).

Recommendation 5

The Audit Division recommends that BIA, working with its CMS vendor, create and utilize a field that documents the date BIA provided a copy of the ASR to the complainant.

Auditee Response

*The ASR process was automated in CMS on 6/3/2021. ASR dissemination to complainants is recorded via e-mail or note within the CMS Notes function. CMS now automatically enforces the documentation ASR notification to complainant prior to ASR publication. The ASR notification to the complainant was enforced on 7/15/2021.*⁷

FINDING 6

Standards

Consent Decree paragraph 500: **“For all misconduct investigations, BIA or COPA will publish the Administrative Summary Report within 60 days of the final disciplinary decision.”**

Current Practices

In 0 of the 16 cases that had a *Final Disciplinary Decision Date* and an *ASR Publish Date* in CMS did BIA publish the Administrative Summary Report within 60 days of the final disciplinary decision.⁸

Of the 1,406 closed cases in 2020:

- 16 (1.1%) had a *Final Disciplinary Decision Date* and an *ASR Publish Date*.
- 431 (30.7%) had “NULL” values for a *Final Disciplinary Decision Date* but had an *ASR Publish Date*.
- 959 (68.2%) had “NULL” values for *Final Disciplinary Decision Dates* and *ASR Publish Dates*.
 - The overwhelming majority (97.2%) of these cases had no affidavits and, thus, would not be expected to result in an Administrative Summary Report. We include it here for purposes of comparison.

Reasons Current Practices do not Meet Standards

Because the focus of this audit was on CMS, the Audit Division did not assess why BIA did not publish ASRs for the 16 cases with a *Final Disciplinary Decision Date* within 60 days. In regards to

⁷ Note that the scope of this audit is January 2020 to December 2020. The Audit Division commenced work on this audit in April 2021.

⁸ At the close of this audit, BIA informed the Audit Division that only sustained cases have a *Final Disciplinary Decision Date*. A complete evaluation of BIA’s compliance with paragraph 500 would require analysis of all findings, which the Audit Division will take into account in subsequent annual audits.

the blank fields, for the period under review, no controls were in place in CMS to ensure that BIA personnel complete the *ASR Publish Dates* field before a case is fully closed.

Implications

Because of incomplete data stored in CMS, the Department was unable to utilize the system to assess compliance with paragraph 446(b).

Recommendation 6

The Audit Division recommends that BIA, working with its CMS vendor create and utilize controls ensuring that the *ASR Publish Date* field is completed before a case can be fully closed.

Auditee Response

- *The ASR console went into development approximately April 2021.*⁹
- *Over 600 ASRs were produced manually.*
- *ASR automation was implemented 6/3/2021.*
- *BIA does not prepare ASRs for COPA.*

FINDING 7a

Standards

Consent Decree paragraph 498: “The City and CPD will ensure that any command channel review conducted [for less serious administrative investigations] is complete within 30 days.”

Special Order S08-01-03 - COMMAND CHANNEL REVIEW Section III (B) (1) and (2) (EFFECTIVE DATE: 20 March 2020): “All completed complaint register investigations subject to Command Channel Review will receive two levels of review by exempt-level supervisors in the accused member’s chain of command. 1) Each level of Command Channel Review will be conducted within fifteen calendar days. Any two-level Command Channel Review process will be concluded within thirty days. 2) If the exempt-level supervisor does not complete the review within fifteen calendar days, the exempt supervisor is deemed to concur with the findings and recommended disciplinary actions.”¹⁰

Current Practices

126 (26.9%) of the 468¹¹ closed 2020 cases where BIA investigators completed investigative findings went through the Command Channel Review (CCR) process.¹²

Of the 126 cases that went through two levels of Command Channel Review:

- 73 (57.94%) were reviewed within 30 days.
- 53 (42.06%) were reviewed in more than 30 days.

⁹ Note that the scope of this audit is January 2020 to December 2020. The Audit Division commenced work on this audit in April 2021.

¹⁰ Note: The Audit Division did not access whether cases were correctly forwarded to/exempted from CCR. In addition, the Audit Division did not assess CCR rates for COPA cases.

¹¹ The total of 468 includes 12 instances where a closed case log number had an investigative finding but also showed as no affidavit. Due to the existence of an investigative finding, the Audit Division kept them in the denominator for comparison.

¹² 75 (59.52%) were BIA cases; 51 (40.48%) were District-level cases.

Of the 126 CCR cases that went through First Level review:

- 38 (30.16%) were reviewed within 15 days.
- 88 (69.84%) were reviewed in more than 15 days.

Of the 126 CCR cases that went through Second Level review:

- 117 (92.86.24%) were reviewed within 15 days.
- 9 (7.144.78%) were reviewed in more than 15 days.

Reasons Current Practices do not Meet Standards

As of the period under review, the Department had not instituted controls to ensure adherence to S08-01-03 (B) (2) which stipulates: “If the exempt-level supervisor does not complete the review within fifteen calendar days, the exempt supervisor is deemed to concur with the findings and recommended disciplinary actions.”

Implications

Command Channel Review periods that extend beyond 30 days for two-level review and beyond 15 days for each level of review hinders the Department’s efforts to expeditiously conclude internal investigations.

Recommendation 7a

The Audit Division recommends that BIA institute controls to ensure that cases in CCR are automatically forwarded to the next level of review at the conclusion of the fifteen-day review period.

Auditee Response

CCR Days field was put in place in February 2021 but was backfilled using the audit log to the beginning of the case system.

The automation to put cases to CCR Complete after all reviews were completed was implemented 5/7/2021. There was a bug in which some cases did not automatically move to CCR Complete that was recently fixed.¹³

FINDING 7b

Standards

Consent Decree paragraph 498: “The City and CPD will ensure that any command channel review conducted is complete within 30 days...**for the most serious administrative investigations...up to 45 days will be provided for command channel review.**”¹⁴

Special Order S08-01-03 - COMMAND CHANNEL REVIEW Section III (B) (3) (EFFECTIVE DATE: 20 March 2020): “Certain circumstances and more serious allegations, as outlined in Item III-C of this directive, will require a third level of Command Channel Review conducted by the First Deputy

¹³ Note that the scope of this audit is January 2020 to December 2020. The Audit Division commenced work on this audit in April 2021.

¹⁴ Note that the Audit Division did not assess the Department’s compliance with the entirety of paragraph 498. The non-assessed portion is as follows: “Within 30 days of the Effective Date, CPD may draft a policy that provides, for the most serious administrative investigations, the circumstances under which up to 45 days will be provided for command channel review. The draft policy will be provided to the Monitor for review and approval.”

Superintendent. Any three-level Command Channel Review process will be concluded within forty-five days.”

Current Practices

None of the 1,406 cases BIA closed in 2020 underwent a third level of command channel review. Based on the data in CMS, the Audit Division was unable to determine whether any of the CCR cases met the requirements for exemption from Third Level Review.

Reasons Current Practices do not Meet Standards

Not applicable.

Implications

Not applicable.

Recommendation 7b

Not applicable.

FINDING 8

Standards

The *BIA Q4 2020 Quarterly Report* (08 July 2021) reported 1,408 closed cases in 2020. The Audit Division assessed the extent to which this number could be verified.

Current Practices

In its analysis, the Audit Division identified 1,406 of the 1,408 closed 2020 cases reported in its 4th Quarter 2020 public report.

Subsequently, BIA provided log numbers for 1,405 of the 1,408 closed 2020 cases reported in its 4th Quarter 2020 public report. The Audit Division matched all 1,405 log numbers provided by BIA to its 1,406 closed 2020 case log numbers.

BIA was unable to provide log numbers for the remaining three (3) closed 2020 cases (one unmatched with Audit Division data and two unidentified in Audit Division data) reported in its 4th Quarter 2020 public report,

Reasons Current Practices do not Meet Standards

The three “unaccounted” cases were closed in the year 2020 but reopened for further investigation. Historical data associated with these reopened cases was overridden when updated information was input into CMS. CMS is a dynamic data collection system, and it does not store historic data from overridden fields required to verify data in BIA’s 4th Quarter report.

Implications

The Audit Division was unable to fully verify the number of total closed 2020 cases reported in the 4th Quarter 2020 public report. In addition, the Department is unable to produce data or reports associated with closed investigations from a specific point in time that were subsequently reopened.

Recommendation 8

The Audit Division recommends that BIA, working with its CMS vendor, develop a process for archiving data used to generate its quarterly reports.

Auditee Response

Data collected for the Quarterly/Annual reports is [now] being archived by the BIA analyst. The archiving process started with the 2020 Annual report.

SCOPE & METHODOLOGY

BIA's CMS vendor provided the Audit Division with the data required for this audit which included closed case log numbers for the period from 01 January 2020 to 31 December 2020. The Audit Division met in-person, virtually, and via phone with BIA officials and vendor representatives several times throughout the project to gain a better understanding of the data and BIA processes. The Audit Division also reviewed relevant Department directives as well as publicly available information on COPA's and the City of Chicago Office of Inspector General's websites. Audit Division personnel conducted all data analyses presented in this report. The data analyzed in this audit relate only to BIA—not COPA—investigations.

The Audit Division relied on the CMS vendor to provide complete data. The Audit Division did not review any non-CMS data and/or documentation in BIA's possession (e.g., paper files) as part of this audit. Other data sources/documentation could demonstrate BIA compliance with the standards addressed in this report. The Audit Division plans to assess these additional data sources/documentation in future annual audits.

The Audit Division conducted this analysis between April 2021 and October 2021.

THE AUDIT DIVISION

The mission of the Audit Division is to provide quality, independent, and objective assessments of the operations, processes, and internal controls in support of the Chicago Police Department. All audits and reviews are intended to provide objective information to inform decision-making and to help improve the internal transparency and accountability of the Department's operations.

The Audit Division recognizes the standards and guidance contained in the Institute of Internal Auditor's *International Standards of the Professional Practice of Internal Auditing*. The Audit Division strives to comply with these standards in order to maintain the highest caliber of professionalism in conducting its audits and reviews.

Please contact audit@chicagopolice.org with any questions about this report.