

**City of Albuquerque Accountability in Government Oversight  
Committee  
Office of the Inspector General  
Standards Assessment**

**Purpose and Procedures**

REDW was engaged by the City of Albuquerque Accountability in Government Oversight Committee (AGO) to perform an assessment of the Office of the Inspector General (OIG) with a specific focus on reviewing nine reports selected by the AGO for adherence to applicable standards as well as ensuring adequacy of the conclusions and findings.

To accomplish this, REDW obtained the nine reports and all supporting files/documents and evaluated them for adherence to applicable standards within the *“Principles and Standards for Offices of Inspector General”* related to selected requirements of data collection and analysis, evidence, reporting, and quality control. In addition, REDW evaluated each area for process improvement opportunities in support of the OIG’s goal of ensuring accurate reports and for departments to act on OIG identified recommendations.

This report is intended for use by the City of Albuquerque’s Accountability in Government Oversight Committee in accordance with their specific objectives. Its content, conclusions, and recommendations are intended to inform decision-making solely within the context of this committee’s mandate. Any use of this report outside this context, or by parties other than the intended audience, may result in misinterpretation of the results and recommendations. No responsibility is accepted for decisions made or actions taken by others based on this report.

**Issues Identified**

The chart below details the specific requirements per the standards and the issue(s) identified within our assessment of the 9 files.

It is important to note that the recommendations below are focused on improving the overall process at the OIG and are intended to enhance the quality and effectiveness of future work. While REDW provided some specific feedback to the OIG on the nine reports analyzed, there were limitations within their process that would make it challenging to offer a comprehensive set of corrections for revising all nine reports without reperforming the investigations.

\*\*Please note that the following Quality Standards and related guidelines are excerpts from the full standards. To view the Quality Standard and/or guideline in their entirety, reference the *“Principles and Standards for Offices of Inspector General.”*

Quality Standard	Issue
<p><b>Section 2.3 Due Professional Care</b> – The OIG should use due professional care in conducting investigations and in preparing accompanying reports.</p>	<p>Discussions were not conducted with departments or subject matter experts to ensure understanding of processes; therefore, it resulted in knowledge gaps within the work plan, evidence collected, reporting, etc.</p>
<p><b>Section 2.4 Quality Control</b> - OIGs should exercise appropriate and competent supervision from the start of an investigation through its completion.</p> <p>Guidelines: OIGs should develop appropriate procedures for determining and documenting that supervision of an investigation has been adequate.</p> <p>Supervisory reviews should determine that:</p> <ol style="list-style-type: none"> <li>1. Investigative plans are followed, unless deviation from the plan is justified and authorized.</li> <li>2. Investigation objectives are met in a fair, thorough, and timely manner.</li> <li>3. Evidence adequately supports any findings, conclusions, recommendations, and referrals for possible criminal, civil, or administrative action.</li> </ol>	<p>While a quality control checklist had been utilized and completed in all 9 files reviewed, discussions with OIG employees indicated they were not performing a critical review of files completed by the IG. This appeared to cause an absence of a balanced perspective as reviews performed were not effective to consider additional questions, perspectives, and alternate conclusion, etc. As a result, findings and conclusions in the reports may be incomplete or one-sided, reducing their reliability and effectiveness.</p> <p>While annotated reports were provided, which referenced the report sections to what evidence was collected to support the statement, these were created for REDW’s use during this project and were not part of the historical process or in place for the OIG’s supervision and review processes.</p>
<p><b>Section 2.5 Planning</b> – Investigative work is to be adequately planned.</p> <p>Guidelines: Effective planning provides the basis to clearly identify the issues to be addressed before the investigation starts and includes preparing a written investigative plan setting for the investigation’s objectives and specific steps to be performed.</p>	<p>Work Plans were high level and did not contain key items such as preliminary request lists, detailed scope, methodology, questions, etc. It would be difficult for a supervisor to review and supervise without a detailed work plan.</p>

Quality Standard	Issue
<p><b>Section 2.6 Data Collection and Analysis</b> – Information and data obtained during an investigation should be carefully documented and reviewed relative to case objectives.</p> <p>Guidelines: Sources of investigative information should be documented in sufficient detail to provide a basis for assessing their reliability and an accurate record of the investigation.</p> <p>The investigative activities through which evidence was obtained, produced, or analyzed should be accurately and timely documented in the investigative case file.</p> <p>The basis and support for the results of the investigations should be carefully organized and described in the investigative case file.</p>	<p>While evidence was maintained in the files, it was not maintained in a way that made it clear to a reviewer the source of the evidence, what it was utilized for, how it was analyzed, and what conclusion it supported. In addition, there were often substantial amounts of evidence retained in the files. Sources of information were not documented nor was analysis performed always documented to ensure an effective review could be performed.</p> <p>Since work plans, analysis, and evidence obtained did not provide clear links to the report findings, conclusions and recommendations, we were unable to reach the same conclusions and recommendations.</p>
<p><b>Section 2.7 Evidence</b> – The evidence supporting investigative findings should be sufficient and appropriate and should provide a reasonable basis for the investigative findings and conclusions.</p>	<p>In the absence of a detailed work plan and clear linkage to report findings, we could not ensure the evidence collected and analyzed was relevant.</p> <p>Objectives were not clearly defined nor was evidence analysis clearly documented. As a result, we could not ensure the evidence appropriately supported the conclusions.</p> <p>Relevant evidence that may have supported alternative conclusions was not obtained in some investigations.</p>
<p><b>Section 2.7 Evidence</b> – OIGs should identify the elements of alleged offenses and apply sufficient and appropriate evidence to each element when determining whether an allegation is substantiated or unsubstantiated.</p>	<p>Evidence analysis section in the report contained all evidence collected and often related to multiple allegations being investigated. As a result, it was challenging to identify what evidence related to which finding/conclusion to ensure conclusions were properly substantiated/unsubstantiated by relevant evidence.</p>
<p><b>Section 2.9 Reporting</b> – All reports should present evidence accurately, fairly, and objectively, and present the results of investigations in a clear and concise manner.</p>	<p>Most reports we reviewed had information that did not appear relevant and/or distracted the reader from the allegation. Often times, the reports had too much information presented, impacting the reader’s ability to sustain the findings, conclusions and recommendations.</p>

Quality Standard	Issue
<p><b>Section 2.11 Follow-Up</b> – OIGs should perform appropriate follow up to administrative or systemic issues identified by investigators to determine the extent to which findings and recommendations made to appropriate officials are adequately considered and properly addressed.</p> <p>Guidelines: Ultimate investigation success depends on whether necessary corrective actions are taken in response to OIG findings and recommendations.</p>	<p>OIG was not providing enough information to allow the department to provide a corrective action plan that aligns with the recommendation. Based on discussions with the OIG, a summary document is sent to the department however, no discussions are performed to explain the issues identified, address questions or provide additional details that would enhance department buy-in and collaboration.</p>

## Recommendations

As a result of our assessment, we identified three root cause issues that appear to be impacting the adherence to the applicable standards noted above:

- **Communication** – The OIG’s process did not include initial communication with departments to gather relevant information about processes to ensure understanding. There was also limited wrap-up communication to ensure departments had the information needed to understand and appropriately respond to findings.
- **Supervision** – Supervision was not consistently provided during investigations to confirm that investigators gathered appropriate evidence and performed relevant analysis. In addition, in cases where the IG served as the investigator, supervision was not provided.
- **Review** – The review process was not effective as it did not include a tie out to the detailed work plan, reconciliation to evidence obtained, or other key components of an effective review.

Utilizing the root causes identified above, REDW has provided the following recommendations:

### 1) *Work Plan Development*

Revise the format and content requirements for Work Plans to include key elements such as preliminary request lists, initial questions to be addressed, initial understanding interviews and detailed objectives, scope and approach. Require supervisory review and approval of the detailed Work Plan at the start of the investigation and again at the final review to confirm alignment with investigation objectives and ensure an effective review is performed. Reviewers should ensure that information being requested is relevant, questions are clear and support process understanding, and evidence requests are in alignment with the scope and objectives of the investigations.

## **2) Evidence Collection and Documentation**

Ensure evidence gathered throughout the investigation is clearly connected to the objectives. The source of evidence and any analysis performed should be clearly documented to ensure effective review and understanding of the evidence's relevance. Organize evidence collected and other supporting information in the investigation files so it is easy to see how each piece relates to the objectives, findings and conclusions.

## **3) Enhancing Supervisory Oversight**

Increase oversight throughout all stages of the investigation process to ensure consistent alignment with investigation objectives and prevent potential scope creep or misleading results and/or reports. Complete regular supervisory check-ins and reviews to confirm that analysis is thorough, objectives are achieved, and conclusions are supported by information collected. Offer training to staff on how to perform quality control reviews via the checklist, evaluating multiple perspectives, and maintaining a balanced approach.

## **4) Strengthening Communication with Departments**

To better facilitate process understanding, the OIG should ensure communication at the onset of the investigation with relevant departments. This communication should focus on understanding the process(es) relevant to the investigation, consult subject matter experts, and involve key process owners who can provide accurate information and perspectives.

As management responses are collected towards the end of the investigation, the OIG should ensure enough information is communicated to departments to facilitate an effective and accurate response. The OIG should implement in person meetings for this process to allow for questions or clarifications and facilitate stronger communication regarding investigation results.

## **5) Concise and Accurate Reporting**

Ensure investigation reports are clear and concise. Refrain from using excessive words, copying in entire emails or policies. Only include information that is relevant to the allegation, findings and conclusions. Reports should also ensure all key facts are presented to prevent misleading or inaccurate conclusions.

## **Other Recommendations**

### **1) Refine OIG's Investigative Role**

The Inspector General should prioritize serving as the primary reviewer rather than acting as the lead investigator in most cases.

### **2) Improve Planning through Expert Input**

During the planning stage of investigations, interview subject matter experts (SMEs) to:

- Gain a comprehensive understanding of relevant processes.
- Refine and target preliminary questions for more effective investigation.

### **3) Implement Work Paper/Documentation Techniques**

Establish workpaper/documentation techniques including:

- Assign unique indexes/references to each work paper and document for easy retrieval and cross-referencing.
- Use a logical structure (e.g., by section, objective, or process).
- Ensure files include all necessary documents to support findings and conclusions.
- Document the source of all documents, how the evidence was obtained, and explanations to support analysis and conclusion.
- Each document used as evidence /work paper document should have a clear title/heading and a purpose statement that explains its relevance.
- Use tick marks (with legend) to indicate results of data analysis.
- Cross-reference between related work papers and objectives to show linkages.
- All documentation should be neat, legible, and understandable.
- Include workpaper conclusions to provide linkage to report conclusions.
- Ensure all scanned materials are legible; consider taking notes electronically.
- Enhance note taking strategies for interviews to ensure discussion points are clear.

### **4) Enhance Online Reporting Form**

To facilitate capturing more information, especially regarding anonymous reports, and enhance how the investigation is scoped:

- Add fields to capture the timeline of the incident (i.e., when the alleged incident(s) occurred).
- Include a dropdown menu for categorizing the incident as fraud, waste, or abuse.

### **5) Clarify Responsibility in Recommendations and Responses**

- Clearly indicate in each recommendation which department or party is responsible for action.
- Require management responses to specify which department is responding.

### **6) Continuous Process Improvement**

As processes evolve, implement periodic review procedures over OIG procedures to evaluate opportunities for improvement, training needs, etc. Ensure internal policies and procedures are updated to reflect compliance with applicable standards.

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We greatly appreciate the discussions and cooperation of the OIG staff throughout this assessment process and the courtesy extended to our personnel.

**REDW** LLC  
Albuquerque, New Mexico  
October 1, 2025

**Accountability in Government Oversight Committee**  
**Quality Assurance Review Response**  
**October 2, 2025**

The Accountability in Government Oversight Committee (AGOC) concurs with the Quality Assurance Review (QAR) recommendation reported by REDW and approves the Corrective Action Plan (CAP) prepared by City of Albuquerque's Interim Inspector General. The AGOC remains committed to ensuring that the Office of Inspector General (OIG) implements processes and adequate internal controls to ensure it meets the highest standards of quality control, accuracy, and integrity before OIG reports are released to the public.

The AGOC has reviewed the OIG Corrective Action for each reported recommendation and believes the planned implementation of each process sufficiently addresses quality control concerns and process improvements within the OIG's operations, including but not limited to: work plan development, evidence collection and documentation, supervisory oversight, communication with departments, and supporting evidence for reported findings and observations.

The AGOC will continue to work closely with the Interim Inspector General to provide guidance within its authority to ensure the corrective action for each QAR recommendation is implemented in a timely manner. Oversight and monitoring of the OIG's implementation of these recommendations will ensure process improvements and quality controls are in place on an ongoing basis.

# Office of Inspector General

## Corrective Action Responses

### September 30, 2025

With the assessment by REDW the OIG has had discussions on how to improve internal procedures. The OIG has informally begun implementing some of the below Corrective Actions as an ongoing process to determine the best ways to proceed forward.

Target implementation dates stated below are for the formally updated internal policies, procedures and training. Training will be documented so that it can be referenced.

#### I. Process Improvements (Future-Looking for All Investigations)

REDW Issue / Recommendation	OIG Corrective Action/Process Change	Responsible Party	Target Implementation Date
<b>Work Plan Development</b>	<p>Revise format and content of Work Plans: include preliminary request lists, initial questions, persons interviewed including process understanding interviews when warranted, detailed objectives, scope and approach.</p> <p>Require supervisory review and approval at project start and completion to confirm alignment with objectives and effective review.</p> <p>Investigators will be trained on the enhanced work plan template. The work plan will be updated throughout investigative process.</p>	Interim Inspector General/Inspector General	<ul style="list-style-type: none"> <li>• Informally implemented/ongoing</li> <li>• Draft template by September 2025</li> <li>• Finalize template by November 2025</li> <li>• Training by November 2025</li> <li>• Required for investigations initiated after November 2025 training</li> </ul>
<b>Evidence Collection and Documentation</b>	<p>Annotate all reports to be consistent with gathered evidence.</p> <p>All evidence will be organized, annotated, and connected to objectives and findings.</p> <p>Document sources, collection method, and analysis for case file documents.</p> <p>Implement case file documentation techniques to document a clear connection to report findings.</p> <p>Evidence will be maintained and documented in an organized manner to ensure the reviewer can trace and understand how the investigative analysis came to its conclusions.</p>	OIG Staff/Training by Interim Inspector General/Inspector General	<ul style="list-style-type: none"> <li>• Informally implemented/ongoing</li> <li>• Procedure update by November 2025</li> <li>• Training by November 2025</li> <li>• Required for cases opened after November 2025 training</li> </ul>

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**Corrective Action Responses**  
**September 30, 2025**

REDW Issue / Recommendation	OIG Corrective Action/Process Change	Responsible Party	Target Implementation Date
<b>Enhancing Supervisory Oversight</b>	<p>Maintain consistency in providing supervision during investigations; all files, including those completed by the IG, will undergo supervisory review.</p> <p>Implement revised final report checklist for quality control, including tie-outs to work plans and findings where supervisor will signoff.</p> <p>Supervisory interim check-ins will be performed in all investigations.</p>	Interim Inspector General/Inspector General/Supervisor	<ul style="list-style-type: none"> <li>• Informally implemented for new and open cases</li> <li>• Checklist by November 2025</li> </ul>
<b>Strengthening Communication with Departments</b>	<p>Dependent on complaint, investigation and when warranted, the OIG will communicate with relevant departments to understand processes, consult SMEs, and include key process owners as needed.</p> <p>Before management response is collected, the OIG will work to ensure departments have sufficient information to understand and appropriately respond to findings. The OIG will meet with the department to discuss the findings and recommendation and answer any questions while also complying with the Inspector General Ordinance. All follow-up meetings will be documented.</p> <p>The OIG will offer to advise and work with departments post-investigation by providing guidance for policy or process improvement in order to proactively deter any future complaints.</p> <p>The OIG will strive to cultivate relationships with other departments such as Human Resources, City Clerk and Internal Audit to ensure that complaints that may fall outside of the OIG’s purview are properly routed and addressed while maintaining the independence of the OIG’s office.</p>	OIG Staff	<ul style="list-style-type: none"> <li>• Informally implemented communication with department to understand processes on September 2025</li> <li>• Informally implemented meeting with department regarding responding to the report recommendations September 2025</li> <li>• Updated procedures by November 2025</li> </ul>

**Office of Inspector General**  
**Corrective Action Responses**  
**September 30, 2025**

REDW Issue / Recommendation	OIG Corrective Action/Process Change	Responsible Party	Target Implementation Date
<b>Concise and Accurate Reporting</b>	<p>Investigative reports will be reviewed to ensure clarity and conciseness. Only information relevant to the allegation, findings, and conclusions will be included.</p> <p>Evidence analysis will segregate each allegation, supporting substantiation conclusions.</p> <p>Secondary review for relevance and potential misleading elements will be instituted.</p>	Interim Inspector General/Inspector General/Supervisor/Staff	<ul style="list-style-type: none"> <li>• Informally implemented</li> <li>• Training by November 2025</li> <li>• Applied for reports issued after November 2025</li> </ul>
<b>Enhance Online Reporting Form</b>	Update online reporting form to capture incident timeline and a dropdown for fraud, waste, or abuse categorization, and other fields per recommendation	Peter Pacheco	<ul style="list-style-type: none"> <li>• Deployment by December, 2025</li> </ul>
<b>Expert Input in Planning</b>	<p>When appropriate, the OIG will interview subject matter experts to gain a comprehensive understanding of relevant processes, document comprehensive process understanding and refine preliminary questions.</p> <p>Completed SME interviews will be referenced in work plans or explained if not needed.</p>	OIG Staff	<ul style="list-style-type: none"> <li>• Informally implemented</li> <li>• Procedure by November 2025</li> <li>• Training by November 2025</li> </ul>
<b>Clarify Recommendation Response Responsibility</b>	<p>The OIG will clarify the parties responsible for each recommendation within OIG reports clearly indicating which department or party is responsible for action.</p> <p>The OIG will require management responses to specify responsible parties.</p>	OIG Staff	<ul style="list-style-type: none"> <li>• Informally implemented</li> <li>• Procedures by October 2025</li> <li>• Training by October 2025</li> <li>• Effective for all recommendations after October 2025</li> </ul>

**Office of Inspector General**  
**Corrective Action Responses**  
**September 30, 2025**

REDW Issue / Recommendation	OIG Corrective Action/Process Change	Responsible Party	Target Implementation Date
<b>Continuous Process Improvement</b>	<p>Conduct periodic review of OIG procedures for improvement opportunities and training needs.</p> <p>Update internal policies and training to reflect applicable standards; schedule yearly and as needed best practice training.</p>	Inspector General/Supervisor	<ul style="list-style-type: none"> <li>• First review by December 2025</li> <li>• Yearly training to be scheduled for January of each year and as needed throughout each year</li> </ul>

**II. Action Steps for Unreleased/Deferred Reports**

Issue in Deferred Reports	OIG Action Steps	Responsible Party	Target Completion Date
<b>Deferred reports lacked adequate evidence linkage, documentation, analysis, and communication with departments.</b>	<p>Reopen all deferred reports and apply the revised work plan and documentation standards.</p> <p>Rereview each report to verify accuracy and incorporate any necessary updates. If evidence/context gaps remain due to the departure of the former IG, document those in an addendum.</p> <p>Resubmit finalized Addendum reports to AGOC.</p> <p>Meet with affected departments to discuss revised findings and recommendations and facilitate management responses.</p>	Interim Inspector General	<p>*Given the complexity and scope of certain reports, the OIG is unable to provide a definitive timeline for when each report will be ready for review. However, the OIG would like to assure the AGOC that completion of these reports remains a top priority for this office.</p> <p>The OIG will review the six deferred reports and have and Addendum report for five (completed by prior IG) of the six.</p> <p>Instead of all six reports presented at one time, the OIG will submit a minimum of two (2) completed reports at a time to the AGOC for timely review and determination of approval. This process aims to facilitate the prompt posting of reports for the purpose of maintaining transparency with the Citizens of Albuquerque.</p>