

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA**

**UNITED STATES OF AMERICA**

**CIVIL ACTION**

**v.**

**NO. 12-1924**

**CITY OF NEW ORLEANS**

**SECTION: "E" (2)**

**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree  
Covering the First Quarter of the Sustainment Period  
Released July 9, 2025**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree  
Covering the First Quarter of the Sustainment Period  
Released July 9, 2025**

**Office of the Consent Decree Monitor  
New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

Appointed By Order Of The U.S. District Court For The Eastern District Of Louisiana

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## WHAT'S IN THIS REPORT?



### Office of the Consent Decree Monitor

**July 9, 2025**

### WHAT WE DID THIS PERIOD

- Monitored NOPD's and the City's compliance with the approved PCAB Plan, including monitoring deadlines and providing feedback on the City's PCAB-related deliverables.
- Attended and monitored NOPD activities during Mardi Gras.
- Attended Q1 PCAB meetings in the First District, Fourth District, and Eighth District.
- Conducted various Spot Audits, each of which are described in more detail below, with the full Spot Audit Reports included in Appendix A.
- Reviewed and provided feedback on PSAB's Use of Force Audit Report.
- Reviewed and provided feedback to NOPD on Sustainment Plan deliverables for Q1.
- Met weekly with NOPD and DOJ regarding Sustainment Plan deadlines and deliverables.
- Regularly reported on progress to and shared our observations with the Court.

### WHAT WE FOUND

- NOPD is on track with all of its Sustainment Plan obligations (*i.e.*, the deadlines listed in Attachment G to the Sustainment Plan).
- The City missed some deadlines under the PCAB Plan relating to creation of procedural documents; however, based on our review of PCAB-related information and our attendance at three Q1 PCAB meetings, the PCABs generally seem to be making strides toward functioning as contemplated by the Consent Decree.
- The PSAB audits we reviewed in Q1 mostly were completed on time and consistent with the applicable audit protocol.
- NOPD is approximately 5 months behind on required monthly audit reports of regular and secondary employment timecards, which are intended to identify possible violations of NOPD policy.

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### NEXT QUARTER FORECAST

- Follow up on all recommendations included in this Q1 Report.
- Conduct additional Spot Audits, consistent with the requirements in the Sustainment Plan.
- Monitor NOPD's progress and compliance with the Sustainment Plan and Consent Decree.
- Monitor the City's progress and compliance with the PCAB Plan.
- Attend Q2 PCAB meetings.
- Review evidence to confirm NOPD has met its obligations under the PIB Remedial Action Plan.
- Work with NOPD and DOJ to evaluate and enhance the current promotions process.
- Continue to meet regularly with NOPD and DOJ regarding Sustainment Plan deadlines and deliverables.
- Continue to report our monitoring observations to the Court.

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## I. PURPOSE AND SUSTAINMENT PLAN REQUIREMENTS

The purpose of this First Quarterly report is to report on the Monitoring Team's activities during the first quarter of 2025 and to report on NOPD's progress with the deadlines included in the Sustainment Plan.

Section III of the [Sustainment Plan](#) requires the Federal Monitor to conduct a number of Quarterly Spot Audits, Annual Spot Audits, and Regular/As Needed Reviews during the Sustainment Period (the two-year period that began on January 14, 2025). The Sustainment Plan defines a "Spot Audit" as:

[A] limited review by the Monitor of a prior audit by NOPD. A Spot Audit typically does not involve a detailed review of a statistically valid sample size, and is designed: (i) to identify any material issues uncovered by the NOPD audit, and (ii) to confirm the NOPD auditor(s) adhered to agreed-upon audit protocols and audit schedules.

Additionally, Paragraph 456 of the Consent Decree requires the Monitor to file with the Court quarterly written, public reports covering the reporting period.

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### III. SUMMARY OF FIRST QUARTER MONITORING ACTIVITIES

The Monitoring Team spent significant time during the first quarter of the Sustainment Period (January 14, 2025 – April 14, 2025) reviewing, auditing, spot checking, and evaluating multiple areas of Consent Decree and Sustainment Plan compliance. Among other things, the Monitoring Team:

- Monitored compliance with the PCAB Plan, including monitoring deadlines and providing feedback on the City’s PCAB-related deliverables.
- Attended and monitored NOPD activities during Mardi Gras.
- Attended PCAB meetings in the First District, Fourth District, and Eighth District.
- Conducted various Spot Audits, each of which are described in more detail below, with the full Spot Audit Reports included in Appendix A.
- Reviewed and provided feedback on PSAB’s Use of Force Audit Report.
- Reviewed and provided feedback to NOPD on Sustainment Plan deliverables for Q1.
- Met weekly with NOPD and DOJ regarding Sustainment Plan deadlines and deliverables.
- Regularly reported on progress to and shared our observations with the Court.

As of the date of this Quarterly Report, NOPD is on track with the deadlines included in Attachment G of the Sustainment Plan.<sup>1</sup> Notably, NOPD has not completed all Q1 audits in accordance with the 2025 Audit Schedule (included as Attachment B of the Sustainment Plan). Finally, while the City has fallen behind on a few deadlines in the PCAB Plan, based on our review of PCAB-related information and our attendance at three Q1 PCAB meetings, the PCABs generally seem to be making strides toward functioning as contemplated by the Consent Decree .

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<sup>1</sup> Attachment G of the Sustainment Plan lists the various deadlines incorporated throughout the Plan. Individual deliverables (e.g., the PCAB Plan) incorporate additional deadlines. See [Sustainment Plan](#).

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#### IV. NOPD'S INTERNAL AUDITS

Attachment B to the Sustainment Plan outlines NOPD's Audit Schedule for 2025 and 2026. As part of demonstrating its ability to sustain compliance with the Consent Decree, NOPD is required to conduct audits at the cadence provided in the Audit Schedule and in accordance with NOPD's approved audit protocols. Notably, the Audit Schedule indicates when NOPD's PSAB will begin each audit – it does not indicate when each audit will be completed. As such, for purposes of assessing NOPD's compliance with the Audit Schedule, the Monitoring Team considers NOPD to have completed an audit on time if (i) the NOPD auditor began the audit in the month indicated on the Audit Schedule, and (ii) if the audit was submitted to the Monitoring Team within two months, absent exigent circumstances.

The following chart shows the audits NOPD was required to begin during Q1 of the Sustainment Period, and indicates whether NOPD completed each audit on time (using the two month metric noted above).

<b>Audit</b>	<b>Audit Schedule Start Date</b>	<b>Status</b>
Use of Force	January	Started January 2025; submitted March 2025.
Vehicle Pursuits	January, February, March	Not provided.
DA Refusals	January, February, March	Not provided.
OPSE – Employment Notify	January, February, March	Not provided.
OPSE	January	Not completed because audit protocol was not approved until April 2025.
Supervision	February	Started February 2025; submitted April 2025.
PIB/Misconduct	February	Not provided.
Custodial Interrogations	March	Started March 2025; submitted April 2025.
Child Abuse	March	Started March 2025; submitted April 2025.



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With respect to the monthly OPSE “Employment Notify” reviews (which involves reconciling NOPD timecard data with OPSE timecard data to identify potential officer fraud or NOPD policy violations), NOPD has represented it was not running these reports from January through March, 2025, but would begin producing the report in April. As of the date of this report, NOPD has not produced any of these monthly OPSE “Employment Notify” reports to the Monitoring Team.

With respect to the monthly vehicle pursuit reports, NOPD has represented that it conducts a comprehensive review of vehicle and non-vehicle pursuits on a monthly basis, but does not produce a corresponding report. We are working with NOPD to agree on documentation NOPD can provide to demonstrate compliance with this monthly audit/reporting requirement.

NOPD has not provided the Monitoring Team with information concerning DA refusals. NOPD reports that as of June 2024, the DA’s office stopped providing NOPD with detailed information explaining the DA’s decision not to prosecute a crime. However, we have not seen the information from the DA’s office. NOPD has acknowledged the DA’s office provides some information such as codes that indicate various high-level reasons for a DA refusal, including, for example, no probable cause for arrest; unlawful search without a warrant; unlawful search with a warrant; incomplete police report; etc. The Monitoring Team has requested NOPD to provide the DA refusals to the Monitoring Team.

With respect to the annual OPSE audit, the Monitoring Team and NOPD worked together to revise the OPSE audit protocol. Although the OPSE Audit was scheduled to begin in January, the audit protocol was not completed and approved until April 2025. We understand the OPSE audit began promptly after the protocol was approved..

Finally, the PIB/Misconduct audit was not started in February as required by the audit schedule. We understand, however, this audit is ongoing and is expected to be completed in early June 2025.

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## **V. MONITORING TEAM SPOT AUDITS**

During Q1 of the Sustainment Period, the Monitoring Team conducted a number of Spot Audits, as required by the Sustainment Plan. In the subsections below, we provide short summaries of each of our Q1 Spot Audit Reports. The full text of our Spot Audit Reports (which includes more information on the methodology and recommendations) are included as Appendix A to this Q1 Report.

### **A. Bias Free (LEP)**

The Monitoring Team conducted a spot audit of PSAB's Limited English Proficiency Audit Report dated October 16, 2024, which covered the period September 1, 2023 – February 29, 2024. Our audit reviewed LEP data associated with eight specific areas within the NOPD: Public Integrity Bureau (PIB); Recruitment/Human Resources; Interviews and Interrogations; New Orleans Police Department Authorized Interpreters (NOPDAIs); Orleans Parish Communications District Records (OPCD); Language Assistance Plan Review and Recommendations; Limited English Proficiency (LEP) Services Count; and Training and Assessment. Although we identified no significant deficiencies during PSAB's LEP audit, we did note the need for continued officer training concerning the availability and use of LEP resources such as Electronic Interpretation Devices, NOPDAIs and VOIANCE's video translation services for American Sign Language.

### **B. Policing Free of Gender Bias (Child Abuse)**

The Audit and Review Unit (ARU) of the Professional Standards and Accountability Bureau (PSAB) conducted a Child Abuse Unit Checklist Audit in September of 2024 and found all questions scored 100% compliant. The Monitoring Team's Spot Audit included a random selection of case files reviewed by the ARU. We selected for review ten of the forty-seven (i.e., 21%) case files ARU reviewed. The Monitoring Team also selected two of each ARU auditor's cases to verify that each auditor's scoring was comparable to other auditors and to verify each auditor's documented accuracy with checklist scoring. Overall, we found PSAB's audit was conducted on time and in accordance with the approved audit protocol. In our Spot Audit, the ten cases we reviewed were thoroughly investigated, with the exception of one case file that contained deficiencies for lack of follow-up. Based on our review, we recommend the SVU Child Abuse supervisors review initial responses and ensure complete follow-up investigations, including the necessity for second and additional supplements to ensure thorough investigations.

### **C. Community Engagement**

The Monitoring Team reviewed NOPD's Community Policing Report for the first half of 2024 (Q1 and Q2). We also reviewed underlying materials, including community policing forms (CPFs), signals, district policing plans for 2024, engagement with Limited English Proficiency (LEP) communities, and the School Resource Officer (SRO) program. Based on these reviews, we found inconsistencies in how CPFs were categorized and documented, with many lacking clear explanations of their relevance to crime prevention or problem-solving. Community Liaison Officers (CLOs) completed most CPFs rather than patrol officers, and participation varied significantly across

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districts. While NOPD reported 100% compliance with problem-solving documentation requirements, the Monitoring Team noted a problem with the current standard applied by NOPD, which would seem to qualify nearly any police activity as “community problem solving.” Based on our review, we recommend NOPD improve narrative detail in the CPFs, clarify categorization criteria, and increase officer participation in community policing efforts to enhance transparency and effectiveness.

#### **D. Recruitment**

To assess the NOPD Recruitment Audit submitted by PSAB on January 21, 2025, the Monitoring Team met with Lt. Nicole Powell to review Article 11 requirements of the Consent Decree and findings of the 2024 PSAB Audit. The Monitoring Team found the documents and verifications of the ARU Audit available and correct. Overall, based on our review of the documentation, we found PSAB’s audit was conducted on time and in accordance with the approved audit protocol. We also agreed with PSAB’s recommendations, which included that the Recruitment Unit continue the process of updating and maintaining their evidence source files for the year and that Recruitment provide a statement and/or document for items that are Not Applicable for the audited year.

Although NOPD is doing the specific things identified in the Consent Decree, and we take no issue with the NOPD’s 2024 Recruitment Audit, we do have a concern regarding the effectiveness of some of NOPD’s actions. For example, we have expressed to NOPD a concern regarding the quality of some candidates accepted into the Academy as evidenced by a high fail rate among recruits.<sup>2</sup> We will continue to look into these details over the coming weeks and report our findings in our Q2 report.

#### **E. Academy & In Service Training**

We reviewed PSAB’s Academy & In-Service Audit Report for November 2024 (which is the most recently-released NOPD audit relating to the Academy). Notably, the Monitoring Team provided technical support to PSAB during completion of the audit in 2024. Our review found the PSAB audit adhered to the agreed-upon protocols; however, the audit was not completed in accordance with PSAB’s 2024 Audit Schedule. The 2024 Audit Schedule required the Academy audit to be conducted in February 2024, but it was not conducted until September 2024. We understand the breadth of the Academy & In-Service Audit (which covers all 143 separate training policies and procedures included in the Consent Decree) along with inconsistent record-keeping by the Academy may have led to the delay. We note that the 2025 Audit Schedule requires the Academy Audit to be completed in September 2025. Additionally, PSAB identified certain material issues, which were included in the PSAB findings and recommendations. The Monitoring Team will follow-up on the specific recommendations in Q2 and Q3 of the Sustainment Period.

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<sup>2</sup> This is discussed in more detail in our 2024 [Annual Report](#) at pages 21-22.

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## F. Performance Evaluation & Promotions

To assess NOPD compliance with the Department's policy requirement that supervisors complete INSIGHT Quarterly Reviews of subordinates,<sup>3</sup> we requested the EWS Quarterly Review data for Q4 of 2024 (*i.e.*, October 1, 2024 – December 31, 2024). Overall, the data showed 746 out of 830 (or 90%) of the INSIGHT Quarterly Reviews were completed (*i.e.*, included any text in the narrative). For the reviews with narratives, we also reviewed a 10% sample (*i.e.*, 58) of the Sergeant's reviews of the officers they supervise ("Sergeant's Reviews") and a 10% sample (*i.e.*, 17) of the Lieutenant's reviews of the Sergeants they supervise ("Lieutenant's Reviews") to assess various aspects of timing, completion, and substance. We found that while most Quarterly Reviews were completed, some were not completed on time (78% of the Sergeants' Reviews and 82% of the Lieutenants' Reviews were completed on time). Additionally, providing substantive and detailed reviews to subordinates continues to be an issue, with only 25% of Sergeants and 30% of Lieutenants providing substantive and detailed feedback, *i.e.*, specifically tailored to their subordinate, rather than simply using boilerplate language. We recommend counseling for supervisors who do not complete on-time reviews; additional training on how to write substantive reviews; and while not a Consent Decree requirement, it is a best practice for supervisors to document that they have met with their subordinates to discuss performance during the preceding review period.

## G. Supervision (EWS / Insight)

To assess NOPD's compliance with Consent Decree requirements, the Monitoring Team met with PSAB Innovations Managers Seagraves and Gillespie via TEAMS while they validated all twenty-two sub-section 320 paragraph topics within the Insight System. The findings for many of the sub-section topics were compliant. However, there appears to be two reasons for non-compliance within the sub-section paragraph topics, including either (1) NOPD personnel fail to properly input the data that can be validated later in the Insight System, or (2) more importantly, the Quartech software has several glitches that even after multiple requests from NOPD over many years, have not been fixed and continue to hinder validation of the data efforts. We note the City (consistent with the requirements in the Sustainment Plan) has issued an RFP for a new EWS and is assessing potential new vendors to build and operate it. Overall, the results of these audits have proven the value of using an Early Warning System (EWS) to capture important data that will assist supervisors in conducting performance evaluations and holding personnel accountable for their actions. Nonetheless, it is critically important that NOPD finds a solution to correct the ongoing software issue.

## H. Secondary Employment

During Q1, the Monitoring Team reviewed NOPD's progress toward developing a new OPSE audit protocol. We also reviewed NOPD's progress with its required monthly audit reports of regular and

<sup>3</sup> See NOPD Policy Ch. 13.34, which is consistent with CD ¶ 299 (requiring supervisors to meet with their subordinates "on an ongoing basis to discuss their performance and shall document the supervisor's ongoing efforts and communications regarding officer performance challenges and areas of growth.").

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secondary employment timecards, to identify possible violations of NOPD policy. We found NOPD was awaiting feedback on the newly developed OPSE Audit Protocol from the Monitoring Team and DOJ. Accordingly, we expedited our review and now have approved the new OPSE Audit Protocol. Once NOPD obtains DOJ's approval, the audit process can begin. With respect to the monthly timecard audits, we found NOPD is currently approximately five months behind. We recommend PSAB should develop a monthly timecard audit report to meet the requirements of the Sustainment Plan and PSAB should develop a strategy to catch up with its 5-month backlog of timecard audits.

### **I. Officer Assistance Program (OAP)**

To assess compliance with the Consent Decree and determine whether we agreed with the PSAB audit, the Monitoring Team met with OAP staff on March 24, 2025, to conduct interviews and review previously submitted documentation supporting compliance with requirements of the Consent Decree. These documents are submitted as addendums to this report. The Monitoring Team verified compliance with all OAP elements of the Consent Decree for the year 2024. The one deficiency noted was corrected by conducting Peer Support training in January 2025, and the Monitoring Team verified the training occurred while onsite on March 24, 2025. Neither the PSAB auditors nor the Monitoring Team have any recommendations. Based on our observations, the OAP is working effectively and productively to support the needs of the department.

### **J. 7<sup>th</sup> District-Focused Custodial Interrogations**

To assess NOPD compliance with Consent Decree Custodial Interrogation requirements, the Monitoring Team reviewed the PSAB audit report "Custodial Interrogations and Interviews Audit – February 2025 (Final)." The audit report focused on District Seven.

The PSAB findings indicate a high compliance rate with an overall score of the "7<sup>th</sup> District Focused Custodial Interrogations Audit" at 98%. Two areas were non-compliant:

- Notes available if taken during interrogation was 82% compliant, and
- Compliance of the Custodial Interview Log was 88% compliant.

Although the Monitoring Team is unable to verify the results of the PSAB audit without the item numbers of cases audited, the findings are similar to the Monitoring Team's prior audits. The NOPD auditors explained each N/A entry in sufficient detail. The Monitoring Team recommends future NOPD reports contain the item numbers of all interrogations and interviews reviewed.

### **K. 7<sup>th</sup> District-Focused Photo Lineups**

To assess NOPD's compliance with Consent Decree Photo Lineup requirements, the Monitoring Team reviewed the PSAB audit report "Photographic lineups Audit – February 2025 (Final)." As with the Custodial Interrogation audit, the Photo Lineup audit report focused on District Seven.

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The PSAB findings indicate a high compliance rate, with an overall score of the 7<sup>th</sup> District Focused Photo Lineups Audit at 99%. One area, relating to the use of filler photos generally fitting the witness's description of the perpetrator, was non-compliant:

The overall score for this category was 82%. Of the fourteen responses, nine were scored as compliant, two were scored as not compliant (District 7: K-17121-24 and A-01373-25), and three were scored "N/A". (Those listed as N/A were explained as single photos presented to a victim/witness solely as a confirmation photograph.)

While the Monitoring Team did not confirm the results of PSAB audit because this particular spot check was conducted virtually, which did not give us ready access to photos and recordings, PSAB's findings are similar to the Monitoring Team findings in our prior audits. The auditors explained each N/A entry in sufficient detail. The Monitoring Team recommends future reports contain the item numbers of all photographic lineups reviewed.



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## V. NOPD'S PROGRESS WITH THE SUSTAINMENT PLAN DEADLINES

For Q1, NOPD met all of its Sustainment Plan deadlines. The table below summarizes the Sustainment Plan requirements, deadlines, and status. Lines where the status is listed as "Complete" indicate NOPD submitted evidence of compliance with the requirement by the deadline, and the Monitoring Team has confirmed the evidence NOPD submitted is sufficient. Lines showing the status "OCDM Verifying" indicates that NOPD has submitted evidence of compliance with the requirement by the deadline, and the Monitoring Team is in the process of confirming that evidence is sufficient.

Item #	Requirement	Deadline	Status
1	DOJ and Monitor to review and provide technical assistance on comprehensive PIB audit protocol	2/13/2025	Complete
2	Report to the Court on the outcome of the Supervisory Review Board's findings relating to supervision of certain NOPD members or former members who received "target letters" concerning criminal investigations relating to those members' conduct within the secondary employment system	2/28/2025	Complete
3	Fulfill responsibilities identified in the PIB Remedial Action Plan	3/15/2025	OCDM Verifying
4	Develop a protocol for the Executive Protection Unit Audit	3/15/2025	Complete
5	Review and incorporate, as appropriate, the proposed revisions to the existing EPU policy as recommended by the TLG Law Firm in its recent investigations of EPU officers subject to the process in paragraph 21 or 23 of the Consent Decree	3/15/2025	Complete
6	Parties and Monitor work together to finalize comprehensive PIB audit protocol	3/15/2025	Complete
7	The Parties will move to modify paragraph 150 of the Consent Decree and develop a policy requirement for centralized daily review	3/15/2025	Complete
8	Report to DOJ and Monitor on NOPD's efforts to improve the documentation of consent searches, including any technical changes made to how FICs are completed	4/14/2025	Complete
9	Present to the Court on the new custodial interrogation and photo lineup audits for the 7th District.	4/14/2025	Complete
10	Issue an RFP for a new EWS system	4/14/2025	Complete
11	First EWS Audit	4/14/2025	Complete
12	Use BWC reviews to meet its affirmative investigation requirement for random integrity audit checks as defined by Consent Decree ¶ 383	4/14/2025	OCDM Verifying
13	Develop and implement a PIB SOP that covers methods of conducting integrity audit checks	4/14/2025	OCDM Verifying
14	Develop corrective action plan to address results of the 2022 and 2023 Bias Free Audit	4/14/2025	OCDM Verifying
15	First Report to Court, Council, Parties	5/14/2025	Not Yet Due

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Item #	Requirement	Deadline	Status
16	Audit the Executive Protection Unit	5/14/2025	Not Yet Due
17	Provide verification to the DOJ and the Monitor demonstrating the functionality and use of new sexual assault data management system	5/14/2025	Not Yet Due
18	Complete GOA corrective action plan	5/14/2025	Not Yet Due
19	Report to Monitor on efforts to comply with CD ¶ 148 regarding the rate at which cases are refused by the Orleans District Attorney because of the quality of officer arrests or concerns regarding officer conduct	7/13/2025	Not Yet Due
20	Select a new contractor for the EWS system	7/13/2025	Not Yet Due
21	Second EWS Audit	7/13/2025	Not Yet Due
22	Complete an OPSE audit protocol, audit, and implementation of a Corrective Action Plan, if required	7/13/2025	Not Yet Due
23	Second Report to Court, Council, Parties	8/12/2025	Not Yet Due
24	Third EWS Audit	10/11/2025	Not Yet Due
25	Third Report to Court, Council, Parties	11/10/2025	Not Yet Due
26	Fourth EWS Audit	1/14/2026	Not Yet Due
27	Obtain and implement a records management system compliant with the FBI's Uniform Crime Reporting ("UCR") National Incident-Based Reporting System.	1/14/2026	Not Yet Due
28	Conduct the Biennial Community Survey as required in Paragraph 230 of the Consent Decree	1/14/2026	Not Yet Due
29	Fourth Report to Court, Council, Parties	2/8/2026	Not Yet Due
30	Fifth Report to Court, Council, Parties	5/9/2026	Not Yet Due
31	Sixth Report to Court, Council, Parties	8/7/2026	Not Yet Due
32	Seventh Report to Court, Council, Parties	11/5/2026	Not Yet Due
33	Ensure the ADP payroll system and the OPSE payroll system are able to interface to allow compliance with the Consent Decree and existing payroll laws	1/14/2027	Not Yet Due
34	FINAL Report to Court, Council, Parties	2/3/2027	Not Yet Due
35	Execute the new contract for the EWS system	N/A <sup>4</sup>	Not Yet Due
36	PSAB audit of new EWS system	N/A	Not Yet Due
37	Initiate a comprehensive audit of PIB consistent with the enhanced audit protocol developed in collaboration with the DOJ and the Monitor	N/A	Not Yet Due
38	Implement any Corrective Action Plan resulting from the 2024 PIB audit	N/A	Not Yet Due
39	If any NOPD members or former members have been referred to PIB for investigation as a result of the above SDRB, NOPD shall report to the Court on the outcome of the investigation of those members or former members	N/A	Not Yet Due

<sup>4</sup> N/A indicates the requirement is tied to another deadline/deliverable, not to a specific date.



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Item #	Requirement	Deadline	Status
40	If any NOPD members or former members have been referred to the Louisiana Police Officers Standards and Training for potential decertification, including those who received target letters, NOPD shall report to the Monitor on the outcome of such referrals	N/A	Not Yet Due
41	Bring serious discipline matters before a SDRB	N/A	Not Yet Due
42	Present a report of NOPD's EPU Audit findings	N/A	Not Yet Due
43	UFRB Meetings	N/A	Not Yet Due
44	Uses of force brought before the UFRB	N/A	Not Yet Due
45	Complete DV/SA Corrective Action Plan	N/A	Not Yet Due
46	Create PCAB Plan	1/29/2025	Complete

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## VI. CONCLUSION

Based on our observations, the Department is off to a strong start with respect to the Sustainment Period. It appears to be taking its obligations under the Sustainment Plan seriously and has met its Sustainment Plan deadlines (from Attachment G) for Q1. However, we recognize NOPD has missed some deadlines included in its 2025 Audit Schedule and some deadlines under the PCAB Plan relating to creation of the PCAB Manual and Standard Operating Procedures, although we understand those are in process. We have raised these matters with NOPD and have been assured the Department will remedy them promptly. We will continue to work with the Department in Q2 to ensure ongoing compliance with the Consent Decree and the Sustainment Plan.

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## **VII. APPENDICES – SPOT AUDIT REPORTS**

### **APPENDIX A. Bias Free (LEP)**



# **Report of the Consent Decree Monitor For the New Orleans Police Department Consent Decree Spot Check Audit Report – Bias-Free Policing (LEP)**

**Released July 9, 2025**

**Office of the Consent Decree Monitor**  
**New Orleans, Louisiana**  
Sheppard Mullin Richter & Hampton, LLP  
Appointed By Order of The U.S. District Court For The Eastern District Of Louisiana

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**Summary Page**

<b>Audit</b>	Audit of LEP program, September 1, 2023 – February 29, 2024.
<b>THE MONITORING TEAM Auditor(s)</b>	Monitor Scot Huntsberry
<b>Audit Dates</b>	April 6, 2025
<b>PSAB Audit</b>	Completed On Time: Yes Correct Sample: Yes Correct Audit Period: Yes
<b>Findings</b>	PSAB's LEP audit was conducted and completed within the timeframe specified in NOPD's Audit Schedule. The date range of the data was aligned with the corresponding audit protocol, and the sample size adhered to the prescribed audit protocol requirements (100%). A review of CAD data associated with requests for LEP services during the review period concluded 84.8% received appropriate LEP services.
<b>Key Recommendations</b>	<ol style="list-style-type: none"> <li>1. NOPD should persist in training officers with an emphasis on the availability and utilization of LEP resources, including Electronic Interpretation Devices, New Orleans Police Department Authorized Interpreters, and VOIANCE's American Sign Language video translation services.</li> <li>2. NOPD should undertake further investigations to identify the factors that contribute to the disparity in median response times between Non-LEP and LEP calls for service.</li> </ol>

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## EXECUTIVE SUMMARY

The Monitoring Team conducted a spot audit of PSAB's Limited English Proficiency Audit Report dated October 16, 2024, which covered the time period September 1, 2023 – February 29, 2024. The audit reviewed LEP data associated with eight specific areas within the department: Public Integrity Bureau (PIB); Recruitment/Human Resources; Interviews and Interrogations; New Orleans Police Department Authorized Interpreters (NOPDAIs); Orleans Parish Communications District Records (OPCD); Language Assistance Plan Review and Recommendations; Limited English Proficiency (LEP) Services Count; and Training and Assessment. Although no significant deficiencies were identified during PSAB's LEP audit, the need for continued officer training concerning the availability and use of LEP resources such as Electronic Interpretation Devices, NOPDAIs and VOIANCE's video translation services for American Sign Language was highlighted.

## METHODOLOGY

The Monitoring Team reviewed PSAB's Limited English Proficiency Audit Report dated October 16, 2024, to ensure compliance with PSAB's established audit protocol. The audit covered NOPD policies outlined in:

- Chapter 55.4: Limited English Proficiency Services
- Chapter 42.11: Custodial Interrogations
- Chapter 52.1.1: Misconduct Complaint Intake and Investigation
- The Language Assistance Plan

During the review period, data from Orleans Parish Communications District Records (OPCD) indicated that NOPD received 277 calls and requests for LEP services. After excluding voided calls, duplicate calls, and calls with a final disposition of Gone on Arrival (GOA), 178 records remained for evaluation. PSAB assessed all 178 records, concluding a compliance rate of 84.4%.

The Monitoring Team will utilize the baseline results from PSAB's October 16, 2024, Limited English Proficiency Audit for comparison in future quarterly spot audits.

## FINDINGS

PSAB's LEP audit was conducted and completed within the timeframe specified in NOPD's Audit Schedule. The date range of the data was aligned with the corresponding audit protocol, and the sample size adhered to the prescribed audit protocol requirements.

Audit Focus Area	THE MONITORING TEAM Summary / Notes
Public Integrity Bureau (PIB)	No areas of non-compliance noted.
Recruitment/Human Resources	No areas of non-compliance noted.
Interviews and Interrogations	No areas of non-compliance noted.

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Audit Focus Area	THE MONITORING TEAM Summary / Notes
New Orleans Police Department Authorized Interpreters (NOPDAIs)	No areas of non-compliance noted.
Orleans Parish Communications District Records (OPCD)	No areas of non-compliance noted.
Language Assistance Plan Review and Recommendations	No areas of non-compliance noted.
Limited English Proficiency (LEP) Services Count	No areas of non-compliance noted.
Training and Assessment	No areas of non-compliance noted.

During the review period, there were 277 calls and requests for Limited English Proficiency (LEP) services. Of these, 80 (28.8%) were marked with a final disposition of Gone on Arrival (GOA), which continues to be a challenge for the department across both LEP and non-LEP service calls.

The audit highlighted that the median response time for Code-2 Non-LEP calls was 10.4 minutes, whereas Code-2 LEP calls had a slightly longer median response time of 14.5 minutes. This approximately four-minute difference may be due to the variation in sample sizes, with Non-LEP Code-2 calls numbering 18,989 and LEP Code-2 calls totaling 53.

For Code-1 calls, the difference in median response times was more pronounced. Non-LEP calls had a median response time of 47.7 minutes, while LEP calls had a median response time of 105.3 minutes. The significant difference of 57.6 minutes between these response times requires further investigation to identify contributing factors.

### RECOMMENDATIONS

1. NOPD should persist in training officers with an emphasis on the availability and utilization of LEP resources, including Electronic Interpretation Devices, New Orleans Police Department Authorized Interpreters, and VOIANCE's American Sign Language video translation services.
2. NOPD should undertake further investigations to identify the factors that contribute to the disparity in median response times between Non-LEP and LEP calls for service.

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**APPENDIX B. Policing Free of Gender Bias (Child Abuse)**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree**

**Spot Check Audit Report - SVU Child Abuse**

**Released July 9, 2025**

**Office of the Consent Decree Monitor**

**New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

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**Summary Page**

<b>Audit</b>	Spot Check Audit Report – SVU – Child Abuse Unit
<b>OCDM Auditor(s)</b>	Monitor Mary Ann Viverette
<b>Audit Dates</b>	March 25, 2025
<b>PSAB Audit</b>	Completed On Time: Yes – September 2024 Correct Sample: Yes Correct Audit Period: 4 <sup>th</sup> Q 2024 – Case Review 1 <sup>st</sup> Q 2025
<b>Findings</b>	<ul style="list-style-type: none"> <li>• Nine of ten case files the Monitoring Team reviewed met the requirements of Consent Decree.</li> <li>• Overall, the investigations met the requirements of the Consent Decree and followed NOPD policy.</li> <li>• The Child Abuse Unit continues to respond effectively to the majority of cases. The only recurring weakness remains attention to a second follow-up interview or investigation, even when victims or parents are uncooperative.</li> <li>• The majority of CD sections covering SVU (Paragraphs 196-213) are fully audited in the Sexual Assault Audit.</li> <li>• The Monitoring Team disagreed with 21 of ARU auditor scores.</li> </ul>
<b>Key Recommendations</b>	SVU Child Abuse supervisors must review initial responses and ensure complete follow-up investigations, including the necessity for second and additional supplements to ensure thorough investigations.



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## EXECUTIVE SUMMARY

The Audit and Review Unit (ARU) of the Professional Standards and Accountability Bureau (PSAB) conducted a Child Abuse Unit Checklist Audit in September of 2024. The ARU used a thirty-one-question scorecard to review child abuse case files, and all questions scored 100% compliant.

The Monitoring Team initially reviewed the Audit Report of the Child Abuse Unit in November 2024. We noted the score of 100% and the audit appeared to properly review all sections of the Consent Decree relevant to Child Abuse investigations. March 25, 2025, was the first opportunity to verify the scores with an onsite spot check review by the Monitoring Team. We generally found the ARU completed the audit on time and correctly followed the agreed-upon audit protocol. Based on our Spot Audit, the ten cases we reviewed were thoroughly investigated, with one case file exception containing deficiencies for lack of follow-up. Based on our review, we recommend the SVU Child Abuse supervisors review initial responses and ensure complete follow-up investigations, including the necessity for second and additional supplements to ensure thorough investigations.

## METHODOLOGY

The ARU's September 2024 audit was completed utilizing the most recent Child Abuse Audit Protocol at the time of the audit. This audit comprised of thirty-one (31) questions and additional follow-up requests, which covered paragraphs 196-213 of the Consent Decree (CD). Based on the combined total of "one thousand four hundred and fifty-seven" (1,457) checklist items rated from the sample size of forty-seven (47) case files audited, the "overall score" of this Child Abuse Unit case file audit conducted by the Audit and Review Unit was 100%. The scorecard for the Child Abuse Checklist Audit has recently been updated to include explanations for "Not Applicable" scorings to enhance reporting transparency. The ARU's audit methodology included (as required by the audit protocol):

- ARU Population – All Child Abuse Unit case files (647) for the period to audit.
- ARU Sample size – Forty-seven (47) case files were selected via EXCEL's "RAND" function from the six hundred and forty-seven (647) cases taken in for February 2024 through June 2024.
- ARU auditors review all documents and investigative material contained within each case file.
- ARU Audit Testing Instrument(s) – New Orleans Police Department Operations Manual Chapter 42.19, "Child Abuse Investigations" (Effective: 1/7/2018), and a thirty-one (31) point Child Abuse Audit Checklist.
- ARU audits each case file will be audited in its entirety via the "Double-blind Review" auditing process.

The Monitoring Team's Spot Check included a random selection of case files reviewed by the ARU. We selected ten of the forty-seven casefiles ARU reviewed for our review. The Monitoring Team also made sure to select two of each ARU auditor's cases to verify every auditor's scoring was

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comparable to other auditors and to verify each auditor's documented accuracy with checklist scoring.

#### Cases reviewed by the Monitoring Team:

D-03594-24	C-10581-24
B-04485-24	D-27604-24
C-12752-24	F-15979-24
E-00399-24	D-14586-24
F-22818-24	F-19007-24

### FINDINGS

- The audit was conducted/completed during the month listed on NOPD's Audit Schedule
- The date range of the data is correct per corresponding audit protocol, and
- The sample size is correct per corresponding audit protocol.
- Overall, the Monitoring Team found the ten cases we reviewed were thoroughly investigated, with one case file exception containing deficiencies for lack of follow-up.
- There were no major issues with the SVU Child Abuse Audit.
- The Not Applicable scores were described by the auditors in the checklist scorecard.
- The Monitoring Team disagreed with 21 auditor scores out of 310 possible checklist scores. Some of these scores were identified as NA when they should have scored a NO. Some of the NA scores should have been a Yes because the documentation was located by the Monitoring Team in the files. These errors are minor in nature and would not have changed the overall audit scores.

### RECOMMENDATIONS

- ARU recommended that SVU supervisors should address case deficiencies with specific training through specific In-service Training classes or Daily Training Bulletins (DTBs). The Monitoring Team agrees with this assessment.

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- The overall results of the PSAB September 2024 Child Abuse audit revealed compliance threshold scores of 100% in all areas; therefore, there were no areas of concerns noted and no additional recommendations. The Monitoring Team found one of ten cases to be insufficiently investigated.
- ARU recommended training should be reinforced by close and efficient supervision in addition to Supervisor Feedback Logs entries. The Monitoring Team agrees with this assessment.
- ARU should review all NA checklist responses and determine whether NA is the most accurate response, along with providing sufficient explanations in the summary notes.
- ARU supervisors should check NA scores for accuracy, as time permits. This recommendation is difficult to accomplish because it requires a full review of the case file contents against the scoring sheet.
- The Monitoring Team will continue to spot audit cases where additional supplements should be in a case file when sufficient time has passed where a follow-up investigation and additional supplements should have been documented.
- SVU Child Abuse supervisors must continue Quality Control checks in Open and Active cases where a supplement or activity has not occurred within a reasonable period of time.

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**APPENDIX C. Community Engagement**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree  
Spot Check Audit Report – Community Engagement (X)  
Released July 9, 2025**

**Office of the Consent Decree Monitor**  
**New Orleans, Louisiana**  
Sheppard Mullin Richter & Hampton, LLP  
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**Summary Page**

<b>Audit</b>	Community Engagement (X) Spot Audit – OCDM Review of Q1 and Q2 2024 Community Policing Reports
<b>OCDM Auditor(s)</b>	Robert McNeilly
<b>Audit Dates</b>	2/15/2025
<b>PSAB Audit</b>	Completed On Time: No Correct Sample: Yes Correct Audit Period: Yes
<b>Findings</b>	<ol style="list-style-type: none"> <li>1) Inconsistencies in categorization and varying levels of detail in narrative explanations contained in Community Policing Forms (CPFs).</li> <li>2) Most CPFs were completed by Community Liaison Officers, with some districts reporting fewer submissions due to staffing changes.</li> <li>3) Problem-solving reports did not always outline specific methodologies, some activities were categorized differently across reports, and most signal checks focused on routine area and business checks, highlighting areas for potential improvement in documentation and consistency.</li> </ol>
<b>Key Recommendations</b>	<ol style="list-style-type: none"> <li>1) Provide better narrative explanations in CPFs.</li> <li>2) Provide clearer distinctions between CPF categories for consistency.</li> <li>3) Encourage broader officer involvement in community policing activities.</li> </ol>

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## EXECUTIVE SUMMARY

The Monitoring Team reviewed NOPD's Community Policing Report for the first half of 2024 (Q1 and Q2). We also reviewed underlying materials including community policing forms (CPFs), signals, district policing plans for 2024, engagement with Limited English Proficiency (LEP) communities, and the School Resource Officer (SRO) program. Based on our review, the Monitoring Team found inconsistencies in how CPFs were categorized and documented, with many lacking clear explanations of their relevance to crime prevention or problem-solving. Community Liaison Officers (CLOs) completed most CPFs rather than patrol officers, and participation varied significantly across districts. While NOPD reported 100% compliance with problem-solving documentation requirements, the Monitoring Team found that nearly any routine call could qualify as "problem solving" under the current standards. Based on our review, we recommend NOPD improve narrative detail in the CPFs, clarify categorization criteria, and increase officer participation in community policing efforts to enhance transparency and effectiveness.

## METHODOLOGY

On February 15, 2025, the Monitoring Team conducted a spot audit of NOPD's Community Policing Report for Q1 and Q2 2024 (the "Review Period"). There were a total of 583 CPFs listed in NOPD's spreadsheet for the Review Period. The Monitoring Team randomly selected 50 CPFs categorized as strengthening relationships/meetings, crime prevention, problem-solving, and crime trends to assess whether they were appropriately classified and sufficiently documented. To make that determination, we reviewed the associated policing signals, district policing plans, documentation of the annual consultation with LEP community representatives, and SRO reports.

Our spot audit aimed to evaluate the accuracy and consistency of NOPD's community policing documentation, assess officer participation levels, and identify areas for improvement in compliance with the Consent Decree.

## FINDINGS

Regarding PSAB's audit:

- the audit was not conducted/completed during the month listed on NOPD's Audit Schedule,
- the date range of the data was correct per the corresponding audit protocol, and
- the sample size was correct per the corresponding audit protocol.

Additionally, of the 306 CPFs that were submitted for Q1, we found:

- 85% percent of the CPFs were completed by the Community Liaison Officer (CLO). PSAB explained that since COVID, most CPFs are completed by the CLO since there are fewer officers to answer calls for service.

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- Many of the CPFs in the strengthening relationships/meeting, crime prevention, and community policing plan categories did not explain *why* they were listed in those sections. For example, the CPFs describing meetings officers attended were sometimes listed in strengthening relationship, or crime prevention, or in the community policing plan.
- Some of the reports reviewed that were titled crime prevention lacked narrative to explain how they contributed to the prevention of crime. For the second quarter of 2024, there were only eight CPFs labeled as “crime prevention”. For example, some of the crime prevention CPFs described activities such as:
  - The District CLO attended the Adopt-A-Block event.
  - An officer assisted the city's Code Enforcement department overlooking them and their vehicles as they made a home visit.
  - Officer addressed a complaint from a concerned citizen regarding parking an illegal food truck and illegal dumping. The officer was able to address the complaint, which the officer reported was unfounded.
  - An officer provided a patrol for a summer camp.
- Most of the community policing forms in the problem-solving category did not provide a narrative to explain how the officers’ efforts could have been attempts at problem solving. Many of the forms labeled as problem-solving did include other city agencies to assist with issues such as citing and towing illegally parked vehicles and assisting with homeless encampments. The forms reviewed did not provide an explanation as to how the SARA method of problem-solving was used.
- The PSAB’s audit found the CPFs listed as problem solving were 100% compliant. PSAB explained only police actions that were completed were audited. Those still requiring any follow-up actions by the CLO or another agency were not subject to the audit. There were few CPFs listed as problem-solving.
- The CPF submissions listed several items as problem-solving that do not qualify as problem-solving (per the SARA model included in NOPD training). Many included typical calls that are handled by district officers on a regular basis. Examples include responding to and addressing:
  - towing two cars,
  - an elderly man exposing himself,
  - a homeless person on a front porch,
  - an illegal parking complaint, and
  - a loud music complaint.

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- Five of the eight districts submitted monthly SRO reports for the 2023-2024 school calendar year. (January through June 2024).
- Six of the eight districts held PCAB meetings during the first half of 2024. District 7 was marked “N/A” for PCAB meetings instead of being marked “N” . PSAB indicated that it will be changed for the final report. Only two districts’ (D3 and D5) PSABs offered recommendations.

We communicated our findings to PSAB and have a number of recommendations for NOPD to improve its Community Engagement (outlined below).

### **RECOMMENDATIONS**

Based on our review, we recommend the following:

1. Provide better narrative explanations in CPFs.
2. Provide clearer distinctions between CPF categories for consistency.
3. Label an entry as problem solving only if it uses the SARA method of problem solving.
4. Encourage broader officer involvement in community policing activities.



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**APPENDIX D. Recruitment**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree**

**Spot Check Audit Report –Recruitment**

**Released July 9, 2025**

**Office of the Consent Decree Monitor**

**New Orleans, Louisiana**

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**Summary Page**

<b>Audit</b>	Spot Check review of PSAB Recruitment Audit of January 1 – December 30, 2024
<b>OCDM Auditor(s)</b>	Mary Ann Viverette
<b>Audit Dates</b>	March 26, 2025
<b>PSAB Audit</b>	Completed On Time: Yes Correct Sample: Yes Correct Audit Period: 2024 – Spot Check - Q1 2025
<b>Findings</b>	The PSAB audit score is 100%. The Monitoring Team agrees with the PSAB ARU findings, scores and recommendations.
<b>Key Recommendations</b>	<ul style="list-style-type: none"> <li>It is recommended by the Auditing and Review Unit that the Recruitment Unit maintain their files in the folders established for the audit in an “as they go” method. PSAB to provide oversight to ensure required documents updated.</li> <li>It is also recommended that Recruitment provided a statement/documentation for items that are Not Applicable for the audited year.</li> </ul>

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## EXECUTIVE SUMMARY

To assess the NOPD Recruitment Audit submitted by PSAB on January 21, 2025, the Monitoring Team met with Lt. Nicole Powell to review Article 11 requirements of the Consent Decree and findings of the 2024 PSAB Audit. The Monitoring Team found the documents and verifications of the ARU audit available and correct.

The Monitoring Team reviewed documents and discussed the following areas with Lt. Powell of the Recruitment Unit:

- Whether the unit effectively worked with other departments and stakeholders (Civil Service, New Orleans Police & Justice Foundation).
- Whether the unit accurately reported its activities during the annual review.
- Whether the unit assessed each applicant in a manner that is valid, reliable, fair, and defensible.
- Whether the unit employed strategies to recruit candidates that are diverse, meet the needs of the department, and reflect the makeup of the community.
- Whether the unit reviewed its data to make decisions regarding effective use of resources to meet its goals.
- Whether the unit participated in community outreach events, and applied strategies designed to get messaging out to the public regarding police applications.
- Whether the department regularly reviews and updates its planning and goals to achieve effective recruiting.
- Whether the Recruitment Unit of the New Orleans Police Department (NOPD) effectively strategizes to recruit talent that effectively meets the needs of the community, by attracting a diverse group of highly qualified and highly effective group of individuals to be NOPD officers.

## METHODOLOGY

In January 2025, the ARU met with the administrator of the Recruitment Unit, Lt. Nicole Powell, and prepared for the audit. Lt. Powell created electronic files that contained evidence supporting compliance with each standard. In March 2025, the Monitoring Team reviewed the entire electronic file shared with the ARU and spot checked all files to verify the documentation.

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## FINDINGS

- The ARU Recruitment audit was conducted on schedule in January 2025 for the activities occurring in year 2024.
- The sample size is correct per corresponding audit protocol. The sample size is 100% of sections in CD Article 11.
- The NOPD ARU audit is thorough and complete, and Lt. Powell fully explained the reasons for all NA's. The Monitoring Team verified the NA responses by interview and by reviewing recent organizational charts and other electronic documentation.

CD ¶	Compliance Score (Based on OCDM Review)	OCDM Summary / Notes
234 a-g	100%	Documented annual review of the Recruitment Plan – all sub-sections verified.
234	100%	Recruitment Plan updated, as necessary.
234	100%	Annual Review of the SOP.
244	100%	Data outcomes and analysis are documented and verified.
235 a - c	100%	Recruitment staff requirements verified.
235 a-d	100%	Specific requirements for Recruitment assignments
236	100%	Recruitment staffing
237 a - n	100%	Recruitment staff sufficiently trained
241-242 a-d	100%	Recruitment Interview Panelists Trained
241-242	100%	Interview Panelist used standardized scoring process.

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CD ¶	Compliance Score (Based on OCDM Review)	OCDM Summary / Notes
237	100%	Recruitment staff has specific evaluation criteria.
238	100%	Recruitment Unit utilizes a Psychological Screening and Assessment Process.
238	100%	The Recruitment Unit documents candidates complete medical screenings.
239 a-d	100%	The Recruitment Unit conducts Affirmative Outreach.
240	100%	The Recruitment Unit widely advertises application periods and testing dates.
Article 11	100%	HR and Legal records indicate no discrimination.
244 a - e	100%	Recruitment Unit Annually Reports
Article 11	100%	The Unit reviews each hired applicant's file.
Article 11	100%	Qualifications follow the Superintendent's hiring criteria.
239 a -d	100%	The Department's media outreach for Recruitment was reviewed.
235, 237, 239 a - e	100%	Evidence of documentation of communication and media
235, 244 a-k	100%	Evidence of Selected Personnel Interviews for audit period
		65 Yes score. - 14 NA (all explained by Lt. Powell)

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## RECOMMENDATIONS

The PSAB ARU offered the following recommendations:

1. It is recommended by the Auditing and Review Unit that the Recruitment Unit continue the process of updating and maintaining their evidence source files for the year, in an “as they go” method. The Recruitment Unit should continue to populate the folders for the following years as they did for this audit, and as the year progresses, copy emails, recruitment activities, reports, etc. into the appropriate folders. PSAB will then monitor the folders quarterly to ensure they are being properly updated, and Sub-Items are added. [Note: This was verified by Monitor Viverette on March 26, 2025.]
2. For compliance, it is recommended that Recruitment provide a statement and/or document for items that are Not Applicable for the audited year. Verified by Monitor Viverette on March 26, 2025.

The recommended actions will ensure that all Recruitment activities are documented appropriately for audit and review, and the subsequent scores accurately reflect the Unit’s performance. The Monitoring Team agrees with the recommendations and verified through documentation and interviews that Lt. Powell and the Recruitment Unit are following these recommendations.

Based on the 2024 audit review findings, the Recruitment unit has satisfactorily documented that the recruiting activities for the year have been accurately completed. Additionally, it shows that the recruiting processes were fair, bias free, and respectful. The Monitoring Team agrees with the PSAB ARU conclusions.

The Monitoring Team also was provided twenty copies of recent Background Investigation Summary Reports. The review of this information will be provided in a separate report.

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**APPENDIX E. Academy & In Service**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree**

**Spot Check Audit Report – Academy**

**Released July 9, 2025**

**Office of the Consent Decree Monitor**

**New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

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**Summary Page**

<b>Audit</b>	PSAB Academy & In-Service Audit Report (Nov. 2024)
<b>OCDM Auditor(s)</b>	Nikki Snyder
<b>Audit Dates</b>	March 12, 2025
<b>PSAB Audit</b>	<p><u>Completed On Time</u>: No. The Academy Audit was scheduled to be conducted in February 2024, but the Audit Report states it was conducted in September 2024.</p> <p><u>Correct Sample</u>: Yes. Sample sizes in the Audit Report align with the approved audit protocol.</p> <p><u>Correct Audit Period</u>: Yes. Audit period was the prior year (<i>i.e.</i>, Jan. 1 – Dec. 31, 2023).</p>
<b>Findings</b>	<ul style="list-style-type: none"> <li>• Overall compliance for Academy was 96%.</li> <li>• Certain sub-areas continue to show non-compliance, <i>i.e.</i>: <ul style="list-style-type: none"> <li>○ Instructor Evaluations (33% compliant)</li> <li>○ Recruit Program Guidelines (88% compliant)</li> <li>○ FTO Program Guidelines (91% compliant)</li> <li>○ Release of Trainee from FTO Program (85% compliant)</li> </ul> </li> </ul>
<b>Key Recommendations</b>	The Monitoring Team agrees with the recommendations outlined by the PSAB auditor and will follow-up with the Academy in Q2 to ensure steps have been taken to implement those recommendations.



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## EXECUTIVE SUMMARY

As required by the Sustainment Plan, this Spot Audit primarily assessed whether (1) the NOPD auditors adhered to the agreed-upon audit protocols and audit schedule; and (2) any material issues were uncovered by the NOPD audit. To complete the assessment, we reviewed PSAB's Academy & In-Service Audit Report for November 2024 (which is the most recently-released NOPD audit relating to Academy). Notably, Chief Murphy from the Monitoring Team provided technical support to PSAB during completion of the audit in 2024.

Our review found the PSAB audit adhered to the agreed-upon protocols; however, the audit was not completed in accordance with PSAB's 2024 Audit Schedule. The 2024 Audit Schedule required the Academy audit to be conducted in February 2024, but it was not conducted until September 2024. We understand the breadth of the Academy & In-Service Audit (which covers all 143 separate training policies and procedures included in the Consent Decree) along with poor record-keeping in the Academy may have led to the delay. We note that the 2025 Audit Schedule requires the Academy Audit to be completed in September 2025. Additionally, PSAB identified certain material issues, which were included in the PSAB findings and recommendations. The Monitoring Team will follow-up on the specific recommendations in Q2 and Q3 of the Sustainment Period.

## METHODOLOGY

The Monitoring Team reviewed PSAB's Academy & In-Service Audit Report for November 2024 (which is the most recently-released NOPD audit relating to Academy). We did not review the underlying documentation that the PSAB auditor relied upon to complete the audit. We focused primarily on whether (1) the NOPD auditors adhered to the agreed-upon audit protocols and audit schedule; and (2) any material issues were uncovered by the NOPD audit.

## FINDINGS

Based on our review, we found:

- The audit was not conducted/completed during the month listed on NOPD's Audit Schedule (February 2024); it was conducted in September 2024 and completed in November 2024.
- The date range of the data is correct per the corresponding Academy & In Service audit protocol, and
- The sample size is correct per corresponding Academy & In Service audit protocol.

The overall audit compliance score was 96%. Overall, the audit appears to have been thorough and completed correctly (i.e., followed the audit protocol with no glaring errors). PSAB provided an opportunity to Academy to respond to the audit and PSAB accounted for and responded to re-evaluation requests. All sub-sections of the PSAB audit were 100% compliant except for the following:

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	Audit Sub-Section	Compliance Score
	<b>Instructor Evaluations</b>	<b>33%</b>
<b>Summary of Results</b>	<p>Sub-section A regarding Instructor Evaluation files containing at least one Instructor Assessment form for each Academy and Adjunct Instructor within the last year for the six instructors, only two Instructor Assessment forms were located.</p> <p>Sub-section B regarding the Director of Academics assessing Academy Instructors' performance and providing corrective action for the six instructors, only two Instructors' performance were assessed</p>	
<b>Recommendation</b>	<p>The Academy should implement and require all Adjunct and Academy Instructors' performances be assessed by the Director of Academics. Additionally, the Academy could inquire into utilizing other staff to assess Instructors performance to assist the Director of Academics.</p>	
	<b>Recruit Program Guidelines</b>	<b>88%</b>
<b>Summary of Results</b>	<p>Sub-section H regarding the academy session panel review each recruit's folder to determine where there were any patterns or trends in academic grades, tactical performance, or attendance that may cause concern, classes 196 and 197 were not evaluated completely by the psychologist. However, class 198 was evaluated completely by the new group of Psychologists that replaced Dr. Lawing.</p> <p>Sub-section J regarding whether the FTO Coordinator and the Department Psychologist met prior to completion of FTO Phase Four and review each recruit's development progress, classes 196 and 197 were not evaluated completely by the psychologist. However, class 198 was evaluated completely by the new group of Psychologists that replaced Dr. Lawing.</p>	
<b>Recommendation</b>	<p>The Academy should ensure all recruit panel reviews are assessed and reviewed with the Department Psychologist.</p>	
	<b>Field Training Officer Program Guidelines</b>	<b>91%</b>
<b>Summary of Results</b>	<p>Sub-section C determines if the FTO participation policy was reviewed and revised to maintain a program that effectively attracts the best FTO candidates, and no evidence provided to demonstrate compliance.</p>	
<b>Recommendation</b>	<p>The Academy should certify the FTO participation policy should be reviewed and revised annually to maintain a program that effectively attracts the best FTO candidates.</p>	

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	Audit Sub-Section	Compliance Score
	<b>Release of Trainee from FTO Program</b>	<b>85%</b>
<b>Summary of Results</b>	Sub-section B determines if the recruit was cleared by the Behavioral Review Panel and classes 196 and 197 were not cleared due to the transition of the Psychologists.	
<b>Recommendation</b>	The Academy should certify all recruits are cleared by the Behavioral Review Panel.	

The Monitoring Team agrees with the PSAB auditor's findings and recommendations outlined above. We will follow up on the recommendations in Q2 to assess how the Academy has implemented each recommendation.

### RECOMMENDATIONS

The Monitoring Team agrees with the PSAB auditor's recommendations, which include that the Academy should:

1. Ensure the classifications of all Academy Instructors, Adjunct Instructors, Guest Speakers, and Subject Matter Experts are all properly classified and updated annually.
2. Implement and require all Adjunct and Academy Instructors' performances be assessed by the Director of Academics. Additionally, the Academy could inquire into utilizing other staff to assess Instructors performance to assist the Director of Academics.
3. Confirm all recruit panel reviews are assessed and reviewed with the Department Psychologist.
4. Guarantee the FTO selection panel is comprised of the Field Training Coordinator (FTC), one District FTO selected by the FTC, and one FOB Supervisor elected by the Deputy Superintendent of FOB, who is not assigned to the same district as the FTO on the committee.
5. Certify the FTO participation policy should be reviewed and revised annually to maintain a program that effectively attracts the best FTO candidates.
6. Verify all recruits are cleared by the Behavioral Review Panel.
7. Engage in better record-keeping practices, including uploading the evidence of compliance as the task is being completed to ensure compliance with each section throughout the audit protocol.

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**APPENDIX F. Performance Evaluation & Promotions**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree**

**Spot Check Audit Report – Quarterly Performance  
Evaluations**

**Released July 9, 2025**

**Office of the Consent Decree Monitor  
New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

Appointed By Order of The U.S. District Court For The Eastern District Of Louisiana

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**Summary Page**

<b>Audit</b>	Spot Audit of Supervisors' EWS Quarterly Performance Reviews
<b>OCDM Auditor(s)</b>	Nikki Snyder
<b>Audit Dates</b>	March 27, 2025
<b>Findings</b>	<ul style="list-style-type: none"> <li>• 90% of supervisors completed quarterly reviews of their subordinates for Q4 2024 (this percentage did not differ between Sergeants and Lieutenants).</li> <li>• In our review sample of the Sgt.'s Reviews, upon further review, 7% of the "completed" reviews actually were incomplete (<i>i.e.</i>, included text with absolutely no substance)</li> <li>• In our review sample, few reviews (26% of the Sergeants' Reviews and 30% of the Lieutenants' Reviews) were substantive (<i>i.e.</i>, included detailed examples or information beyond boilerplate responses)</li> <li>• In our review sample, very few reviews (12% of Sergeants' Reviews and 24% of Lieutenants' Reviews) indicated the supervisor met with their subordinate during the prior quarter to discuss performance</li> </ul>
<b>Key Recommendations</b>	<ul style="list-style-type: none"> <li>• Supervisors should strive to provide Quarterly Reviews on time, and supervisors who do not complete their reviews on time should be counseled.</li> <li>• Additional training should be provided on how to write substantive reviews.</li> <li>• While not required, it is a best practice for supervisors to <i>document</i> that they have met with their subordinates to discuss performance during the preceding review period.</li> </ul>

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## EXECUTIVE SUMMARY

To assess NOPD compliance with NOPD’s Policy requirement that supervisors complete INSIGHT Quarterly Reviews of subordinates,<sup>5</sup> we requested the EWS Quarterly Review data for Q4 of 2024 (i.e., October 1, 2024 – December 31, 2024). Overall, the data showed 746 out of 830 (or 90%) of the INSIGHT Quarterly Reviews were completed (i.e., included any text in the narrative). For the reviews with narratives, we also reviewed a 10% sample (i.e., 58) of the Sergeant’s reviews of the officers they supervise (“Sergeant’s Reviews”) and a 10% sample (i.e., 17) of the Lieutenant’s reviews of the Sergeants they supervise (“Lieutenant’s Reviews”) to assess various aspects of timing, completion, and substance of the reviews. We found while most Quarterly Reviews were completed, some were not completed on time (78% of the Sergeants’ Reviews and 82% of the Lieutenants’ Reviews we completed on time). Additionally, providing substantive and detailed reviews to subordinates continues to be an issue, with only 25% of Sergeants and 30% of Lieutenants providing substantive and detailed feedback (which appeared to be specifically tailored to their subordinate) rather than simply including boilerplate language.

## METHODOLOGY

We requested, and PSAB provided, the EWS Quarterly Review data for Q4 of 2024 (i.e., October 1, 2024 – December 31, 2024). We reviewed the entire dataset to determine how many supervisors completed the required EWS Quarterly Reviews during Q4 of 2024. For this portion of the review, we counted as “completed” a review that included any text at all (regardless of the substance) in the narrative section.

For the completed reviews (i.e., with any text in the narrative), we also reviewed a 10% sample (i.e., 58) of the Sergeant’s reviews of the officers they supervise (“Sergeant’s Reviews”) and a 10% sample (i.e., 17) of the Lieutenant’s reviews of the Sergeants they supervise (“Lieutenant’s Reviews”) to assess whether:

- (1) the review was completed on time (*i.e.*, the last update occurred by January 31, 2025);
- (2) the narrative of the review was actually complete (*i.e.*, that narrative included some substance to show the supervisor did not just put text into the narrative to “check the box”);
- (3) the review included a detailed example or information beyond boilerplate responses; and
- (4) the review indicated the supervisor met with their subordinate during the prior quarter to discuss performance.

Our findings for each of these items are discussed in more detail in the Findings section, below.

<sup>5</sup> See NOPD Policy Ch. 13.34, which is consistent with CD ¶ 299 (requiring supervisors to meet with their subordinates “on an ongoing basis to discuss their performance and shall document the supervisor’s ongoing efforts and communications regarding officer performance challenges and areas of growth.”).

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## FINDINGS

### All Q4 2024 EWS Quarterly Reviews

As depicted in the chart below, we found 90% of supervisors completed (i.e., included any text at all in the narrative section) quarterly reviews of their subordinates for Q4 2024. This percentage did not differ between Sergeants and Lieutenants.

Review Type	Total Number	# with Narrative	% Completed
Sergeants' Reviews	647	581	90%
Lieutenants' Reviews	183	165	90%
<b>Total</b>	<b>830</b>	<b>746</b>	<b>90%</b>

While we historically have counted 95% or above as compliant for Consent Decree purposes, a 90% completion rate, particularly in Q4, is a fairly high completion rate across the Department.

### Random 10% Sample of Reviews with Narratives

We then further reviewed a 10% random sample of the reviews that we counted as "completed." The chart below details our findings:

Review Type	10% Sample	On Time	Actually Completed	Substantive Narratives	Indicated Meeting with Subordinate
Sergeants' Reviews	58	45 (78%)	54 (93%)	15 (26%)	7 (12%)
Lieutenants' Reviews	17	14 (82%)	17 (100%)	5 (30%)	4 (24%)
<b>Total</b>	<b>75</b>	<b>59 (79%)</b>	<b>71 (95%)</b>	<b>20 (27%)</b>	<b>11 (15%)</b>

When looking at the review sample, we found:

- 78% of the Sergeants' Reviews and 82% of the Lieutenants' Reviews we completed on time, meaning the data showed the last update to the review occurred by January 31, 2025 (which was the due date for Q4 2024 quarterly reviews).
- When looking at the narrative more closely, we found 7% of the Sergeants' Reviews were actually incomplete. Four of the reviews had incomplete information in the narrative section



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demonstrating the supervisor entered some text but did not actually include anything substantive. For example, one review simply listed all of the topics that were supposed to be reviewed, with no other content. We did not find any instances of incomplete reviews in the Lieutenants' Reviews.

- When we reviewed the narrative sections to determine if supervisors are providing substantive and useful reviews to their subordinates, the numbers dropped significantly. In particular, only 25% of Sergeants and 30% of Lieutenants provided substantive and detailed feedback (which appeared to be specifically tailored to their subordinate) rather than simply including boilerplate language. We note, of course, this is a somewhat subjective portion of the review, so different reviewers could have different opinions as to what qualifies as "substantive."
- Finally, we reviewed the narratives to see if the supervisors indicated they met with their subordinates during the preceding quarter to provide feedback on performance.<sup>6</sup> Only 12% of Sergeants and 15% of Lieutenants provided this level of detail. Of course, just because the meeting was not documented does not mean it did not occur. However, other than when a reference was included in the narrative section, the Monitoring Team is unable to tell from the data whether a meeting occurred.

We provide some recommendations relating to these findings below.

## RECOMMENDATIONS

Based on our review and findings, we recommend:

3. Supervisors strive to provide Quarterly Reviews on time, and supervisors who do not complete their reviews on time should be counseled. Timely feedback is not only a policy requirement, but it also is important for subordinates to receive feedback before it becomes stale.
4. Additional training should be provided on how to write substantive reviews. Recycling boilerplate language, without any detailed examples specific to the subordinate are unhelpful and do not reflect close and effective supervision.
5. While not required, it is a best practice for supervisors to *document* that they have met with their subordinates to discuss performance during the preceding review period.

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<sup>6</sup> CD ¶ 299 requires (in part), "In addition, supervisors shall meet with their subordinates on an ongoing basis to discuss their performance and shall document the supervisor's ongoing efforts and communications regarding officer performance challenges and areas of growth."



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**APPENDIX G. Supervision (EWS / Insight)**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree**

**Spot Check Audit Report – Early Warning System. Paragraph  
320 - Report Validation**

**Released: July 9, 2025**

**Office of the Consent Decree Monitor  
New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

Appointed By Order of The U.S. District Court For The Eastern District Of Louisiana

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**Summary Page**

<b>Audit</b>	Early Warning System, Paragraph 320, Validation of Data
<b>OCDM Auditor(s)</b>	Chief Murphy and Chief McNeilly
<b>Audit Dates</b>	Validated all the data between March 25-31, 2025. Professional Standards and Accountability Bureau (PSAB) has a deadline to release the 320 Audit Report by April 14, 2025.
<b>PSAB Audit</b>	Completed On Time: <b>Yes</b> Correct Sample: <b>Yes</b> . Sampled more than required. Correct Audit Period: <b>Yes</b> . This audit began as an annual audit, then a bi-annual audit, and now is a <i>quarterly</i> audit.
<b>Findings</b>	The results of recent audits have shown significant improvement, largely due to the PSAB gaining greater expertise in the auditing process and implementing effective solutions to enhance inefficient data input procedures. However, ongoing issues persist with the vendor's software, provided by Quartech, which have not been resolved despite repeated requests from PSAB. These software glitches have the potential to adversely affect the audit outcomes.
<b>Key Recommendations</b>	<ol style="list-style-type: none"> <li>1) Allow PSAB Innovations Manager Matthew Seagraves to work with Information Technology (IT) staff to develop internal software that can be used to conduct this audit.</li> <li>2) If the New Orleans Police Department (NOPD) chooses not to create internal software, then begin a Request for Proposal (RFP) process and select a <i>new</i> vendor to create the software that can be used to conduct this audit.</li> <li>3) PSAB should continue to work with the various department entities that are responsible for paragraph 320 sub-section topic data entry and encourage them to be focused on this task and to complete it prior to each quarterly audit.</li> </ol>



## EXECUTIVE SUMMARY

To assess NOPD's compliance with Consent Decree requirements, the Monitoring Team met with PSAB Innovations Managers Seagraves and Gillespie via TEAMS while they validated all twenty-two sub-section 320 paragraph topics within the Insight System. The findings for many of the sub-section topics were compliant. However, there appears to be two reasons for non-compliance within the sub-section paragraph topics, including either (1) NOPD personnel fail to properly input the data that can be validated later in the Insight System, or (2) more importantly, the Quartech software has several glitches that even after multiple requests from NOPD over many years, have not been fixed and continue to hinder validation of the data efforts. We note the City (consistent with the requirements in the Sustainment Plan) has issued an RFP and is assessing potential new vendors to operate the EWS. Overall, the results of these audits have proven the value of using an Early Warning System (EWS) to capture important data to assist supervisors in conducting performance evaluations and holding personnel accountable for their actions. Nonetheless, it is critically important that NOPD finds a solution to correct this software issue.

## METHODOLOGY

From March 25-31, 2025, OCDM Monitors Murphy and McNeilly met with PSAB (via TEAMS) Innovations Managers Seagraves and Gillespie as they validated the 320 paragraph sub-section topic data within the *Insight System*. PSAB conducts a run from the legacy databases on the sub-section topics and then creates a spreadsheet of the data that they use to compare to the *Insight Summary* and *Activity* reports. Generally, problems with validation of the Summary reports data indicate pilot error (input errors) and problems with the Activity reports data indicate software glitches. During the audit process, if there was a discrepancy regarding the validation of the data, a discussion was held as to why the data could not be validated (input error or software error) and this was noted within the audit. PSAB has become very adept at conducting these audits and as a result, they now conduct these audits on a *quarterly* basis.

## FINDINGS

Paragraph 320 Sub-section Topics	Compliance Score	OCDM Summary and Notes
<b>Sub-section a) 1:</b> <b>All Use of Force</b>	98% (250/256)	<b>Compliant.</b> A random selection from IAPro data of 30 officers who used 256 separate incidents of Use of Force (UOF) over the last 18 months indicated that 250 of the 256 UOF incidents were validated within the Insight System. There were six Activity and Summary discrepancies noted (tracked in the Activity column but not the Summary column or vice versa).
<b>Sub-section a) 2:</b> <b>Firearms Discharges</b>	100% (16/16)	<b>Compliant.</b> PSAB confirmed that there were 16 firearms discharges over the past 18 months. The officer's Activity and Summary reports reflected the firearms discharges accurately.

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Paragraph 320 Sub-section Topics	Compliance Score	OCDM Summary and Notes
<b>Sub-section b): CEW in Use</b>	100%	<b>Compliant.</b> Education and Training Division tracks the CEW (Taser) distribution and usage and all were accounted for.
<b>Sub-section c) Canine Deployments /Bites</b>	89% (39/44)	<b>Non-compliant.</b> IAPro documented 8 officers involved in 15 canine apprehensions and 7 bites in the past 18 months. Activity and Summary report discrepancies accounted for the non-compliant percentage score (5 discrepancies where the tables were off).
<b>Sub-section d): Injuries/deaths in Custody</b>	100% (86/86)	<b>Compliant.</b> PSAB randomly sampled 30 officers who had documented an injury or in-custody death over the past 18 months. The Summary and Activities reports within the Insight System reflected the injuries accurately.
<b>Sub-section e): Resisting Arrest</b>	94% (102/108)	<b>Non-Compliant.</b> IAPro captures all incidents of UOF where the subject was charged with resisting arrest. PSAB randomly sampled 30 officers who had uses of force with resisting arrest charges within the last 18 months. Activity and Summary report discrepancies accounted for the non-compliant percentage score (6 discrepancies where the tables were off). This section was close to compliant (94%).
<b>Sub-section f): Complaints</b>	97% (187/193)	<b>Compliant.</b> PSAB randomly sampled 30 officers who had complaints initiated against them within the last 18 months. Complaints are reported in three different ways within the Summary and Activity reports (numbers, allegations, closed). All the variations of the complaints were compared to the PSAB spreadsheet numbers for accuracy. Some Activity and Summary discrepancies noted.
<b>Sub-section g): FIC (Stop Data)</b>	99% (2899/2925)	<b>Compliant.</b> PSAB randomly sampled 30 officers who completed FICs over the past 18 months and compared the number of FICs they completed in the FIC database to the Summary and Activity reports within the Insight System. Some Activity and Summary discrepancies noted.
<b>Sub-section h): Lawsuits</b>	100% (56/56)	<b>Compliant.</b> PSAB randomly sampled 30 officers that were named in lawsuits over the past 18 months and the Summary and Activities reports within the Insight System reflected the lawsuits accurately.

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Paragraph 320 Sub-section Topics	Compliance Score	OCDM Summary and Notes
<b>Sub-section i): Restraining Orders</b>	100% (8/8)	<b>Compliant.</b> Over the past 18 months a total of eight officers have been the subject of restraining orders and the Summary and Activity reports within the Insight System reflected this accurately.
<b>Sub-section j) 1: Vehicle Pursuits</b>	100% (80/80)	<b>Compliant.</b> PSAB randomly sampled 30 officers who have been involved in vehicle pursuits and the Summary and Activity reports within the Insight System reflected this accurately.
<b>Sub-section j) 2: Vehicle Collisions</b>	100% (74/74)	<b>Compliant.</b> PSAB randomly sampled 30 officers who have been involved in traffic collisions over the past 18 months and the Summary and Activity reports within the Insight System reflected this accurately.
<b>Sub-section k): Lost or Stolen Property</b>	100% (34/34)	<b>Compliant.</b> Over the past 18 months, 13 employees reported a total of 17 items of NOPD property lost or stolen. All of these incidents were reflected accurately in the Summary and Activity reports within the Insight System.
<b>Sub-section l): Interrogations - violations of policy</b>	0/0	<b>Compliant.</b> Over the past 18 months no NOPD officers have sustained allegations of interrogations in violation of the policy.
<b>Sub-section m) 1: Credibility Refusals</b>	0/0	<b>Compliant.</b> Over the past 18 months no case credibility refusals occurred. It should be noted that in the December 2024, Paragraph 320 audit, PSAB confirmed that OPDA stopped sharing screening details with NOPD in June 2024, which makes it difficult to determine if any case refusals were for credibility issues. PSAB did confirm that no PIB investigations were initiated over the past 18 months for credibility refusal reasons.
<b>Sub-section m) 2: Suppressed Evidence</b>	89% (16/18)	<b>Non-compliant.</b> Over the past 18 months there have been 10 officers associated with 7 incidences of res judicata suppressed evidence. The suppressions are showing accurately on 8 officers in the Summary and Activity reports within the Insight System. However, there were two discrepancies that caused this topic to be non-compliant. One officer was terminated, and Insight does not allow an SFL to be inputted once an officer is terminated (trying to get Quartech to fix this issue). And OPDA submitted a late suppression (late March) on an

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Paragraph 320 Sub-section Topics	Compliance Score	OCDM Summary and Notes
		officer where there simply was not enough time to investigate the incident prior to publishing this report.
<b>Sub-section n): Discipline</b>	96% (106/110)	<b>Compliant.</b> PSAB randomly sampled 30 officers who have been the subjects of complaints over the past 18 months and compared the IAPro data with Summary and Activity reports within the Insight System. Some Activity and Summary discrepancies noted.
<b>Sub-section o): Non-disciplinary Corrective Action</b>	100% (107/107)	<b>Compliant.</b> PSAB randomly sampled 30 officers from the Supervisory Feedback Log (SFL) system who have been the subject of notes, redirections, or counseling over the past 18 months and the Summary and Activity reports within the Insight System reflected this accurately.
<b>Sub-section p): Awards</b>	50% (36/72)	<b>Non-compliant.</b> NOPD held three Awards ceremonies over the past 18 months (the 2025 Awards ceremony was postponed) and PSAB randomly selected 30 officers who received awards. PSAB then confirmed that the Summary and Activity reports within the Insight System were significantly off from the data they received from the Awards Committee. This has been an on-going problem with Quartech software (fail to accurately capture the data).
<b>Sub-section q): Training</b>	100% (30/30)	<b>Compliant.</b> PSAB randomly sampled 30 officers and randomly sampled different training classes given over the past 18 months and validated if the training classes were accurately reflected in the Summary reports within the Insight System. Note that the Activity reports within the Insight System do not capture data from the SABA system (training records) and only the Summary reports do so. PSAB validated that the Summary reports did accurately reflect the training classes.
<b>Sub-section r): Sick Leave</b>	63% (4272/6762)	<b>Non-compliant.</b> PSAB randomly sampled 30 officers who used sick hours over the past 18 months. Unfortunately, a check of the Summary and Activity reports did not reflect this data accurately. This is an ongoing problem with the Quartech software failing to capture the ETime (sick time) data accurately. Many requests have been made to Quartech to fix this problem, but none have proven to be successful.





## RECOMMENDATIONS

- 1) NOPD needs to make a decision to either develop its own internal software that it can use to conduct this audit or select a new vendor via the ongoing Request for Proposal (RFP) process. If NOPD selects a new vendor, then it is anticipated that it will take months to develop the software before it can be used to support this audit.
- 2) This “Spot Check” audit can only be conducted at the same time that PSAB Innovations Mangers validate the data in the Insight System due to limitations in the Quartech software. Creating new software that can run queries without the 18-month restriction within the Quartech software should allow for validation of the data at any time.
- 3) Consideration should be given to only “Spot Check” the 320 paragraph topics that have proven to be problematic over multiple audits. A review of Addendum “A” which recaps the last six 320 paragraph audits conducted on the twenty-two sub-section topics, reveals that a majority of the topics are compliant in multiple audits. Perhaps future “Spot Check” audits should focus on the non-compliant (yellow highlighted) topics such as canine apprehensions and bites, motions to suppress, vehicle pursuits, awards, and sick leave.

## Addendum A – Historical Compliance

CD # 320 Paragraph Sub-section Topics	2021 Audit Accuracy %	2022 Audit Accuracy %	2023 Audit Accuracy %	May 2024 Audit Accuracy %	December 2024 Audit Accuracy %	April 2025 Audit Accuracy %
Use of Force -a	99	93	92	94	96	98
Weapons Discharge -a	17	96	90	95	86	100
ECW in Use -b	100	100	100	100	N/A	N/A
Canine Bite -c	100	100	100	93	89	89
In Custody Injuries -d	100	99	99	100	100	100
Resisting/Arrest -e	100	100	100	98	96	94
Complaints -f	91	91	92	98	94	97
Stop Data -g	*	98	98	96	97	99
Criminal Charges -h	100	100	100	70	100	100
Lawsuits -h	**	89	100	100	83	100
Restraining Order -i	*	100	100	100	100	100
Vehicle Pursuits -j1	100	App. 55	46	91	90	100
Vehicle Collisions -j2	100	93	95	97	97	100
Loss of Property -k	**	83	92	100	100	100
Interrogations -l	*	N/A	N/A	N/A	N/A	N/A
Decline/Prosecute -m1	**	N/A	N/A	N/A	N/A	N/A
Motion to Suppress -m2	**	0	33	44	100	89

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CD # 320 Paragraph Sub-section Topics	2021 Audit Accuracy %	2022 Audit Accuracy %	2023 Audit Accuracy %	May 2024 Audit Accuracy %	December 2024 Audit Accuracy %	April 2025 Audit Accuracy %
Disciplinary Action -n	*	40	98	90	90	96
Non-disc. Action -o	92	48	74	89	99	100
Awards -p	96	82	77	90	83	50
Training -q	*	100	100	100	100	100
Sick Leave -r	100	92	86	92	78	63

Note: OCDM only highlighted the percentages above in yellow that are significantly non-compliant (below 90%). The threshold under the audit protocol for finding an area “compliant” is 95%, so a finding close to 95% (e.g., 93%) is not as concerning as a 50% compliance rate. Certain topics have clearly been problematic over several audits such as canine bites, motions to suppress, vehicle pursuits, awards, and sick leave.



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**APPENDIX H. Secondary Employment**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree  
Spot Check Audit Report – Secondary Employment (OPSE)  
Released July 9, 2025**

**Office of the Consent Decree Monitor**  
**New Orleans, Louisiana**  
Sheppard Mullin Richter & Hampton, LLP  
Appointed By Order of The U.S. District Court For The Eastern District Of Louisiana

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## EXECUTIVE SUMMARY

During Q1, the Monitoring Team reviewed NOPD's progress toward developing a new OPSE audit protocol. We also reviewed NOPD's progress with its required monthly audit reports of regular and secondary employment timecards, to identify possible violations of NOPD policy. We found NOPD was awaiting feedback on the newly developed OPSE Audit Protocol from the Monitoring Team and DOJ. Accordingly, we expedited the Monitoring Team review, and the Monitoring Team now has approved the new OPSE Audit Protocol. Once NOPD obtains DOJ's approval, the audit process can begin. With respect to the monthly timecard audits, we found NOPD is currently approximately five months behind. We recommend PSAB should develop a monthly timecard audit report to meet the requirements of the Sustainment Plan and PSAB should develop a strategy to catch up with its 5-month backlog of timecard audits.

## SUSTAINMENT PLAN REQUIREMENT

With respect to Secondary Employment, the Sustainment Plan requires, "An Office of Police Secondary Employment ("OPSE") audit protocol will be developed, an audit performed, and a Corrective Action Plan implemented, if required. The audit will be completed and any necessary Corrective Action Plan will be developed within the first 180 days of the Effective Date." The effective date of the Sustainment Plan is January 14, 2025, and therefore, the 180-day deadline for completion of the OPSE audit and the development of a Corrective Action Plan, if required, is July 13, 2025. The Sustainment Plan also requires NOPD to produce monthly audit reports of regular and secondary employment timecards, to identify possible violations of NOPD policy.

## CURRENT STATUS OF OPSE AUDITS

On April 7, 2025, the Monitoring Team met via Zoom with NOPD to discuss the OPSE annual and monthly audits required by the Sustainment Plan. NOPD provided a draft copy of a proposed OPSE annual audit protocol. The protocol requires review and approval by both the Monitoring Team and DOJ before NOPD can schedule and conduct the OPSE audit.

For each two-week pay period, PSAB conducts an automated timecard audit of both regular NOPD and OPSE hours worked. The audit produces a list of possible NOPD policy violations such as shift overlaps, missing travel time between shifts, 16:35 violation, and 112 hour violations. Any issues that are identified are sorted by officer, then sent to the identified officer's supervisor for correction, counseling, or disciplinary actions. Supervisors are required to provide a written response to PSAB detailing actions taken. This process is manual and labor-intensive, requiring tracking and follow-up by PSAB personnel.

NOPD does not produce timecard audit reports, but has a dashboard tracker that displays the results of these audits over time. NOPD is currently approximately five months behind in conducting these timecard audits.

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## RECOMMENDATIONS

Based on our review, we recommend:

- PSAB should develop a monthly timecard audit report to meet the requirements of the Sustainment Plan.
- PSAB should develop a strategy to catch up with its backlog of timecard audits.

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**APPENDIX I. Officer Assistance Program (OAP)**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree**

**Spot Check Audit Report – OAP**

**Released July 9, 2025**

**Office of the Consent Decree Monitor**

**New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

Appointed By Order of The U.S. District Court For The Eastern District Of Louisiana

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**Summary Page**

<b>Audit</b>	Spot Check of PSAB OAP Audit dated February 3, 2025
<b>OCDM Auditor(s)</b>	Monitor Mary Ann Viverette
<b>Audit Dates</b>	March 24, 2025
<b>PSAB Audit</b>	Completed On Time: Yes – Submitted February 3, 2025 Correct Sample: Yes – all elements of the CD Correct Audit Period: June 1 – October 30, 2024
<b>Findings</b>	PSAB found only one deficiency during their audit which requires training verification of the members involved in the New Orleans Police Peer Assistance Program.  The Monitoring Team verified the Police Peer Support refresher training occurred on January 9, 2025. The result of the completed training brings the OAP audit and spot check in 100% Compliance with all Consent Decree Requirements.
<b>Key Recommendations</b>	There are no recommendations from PSAB or the OCDM. The OPA Program is working effectively and productively to support the needs of the department.

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## EXECUTIVE SUMMARY

To assess compliance with the Consent Decree and determine whether the Monitoring Team agreed with the PSAB audit, Monitor Viverette met with OAP staff on March 24, 2025, to conduct interviews and review previously submitted documentation supporting compliance with requirements of the Consent Decree. These documents are submitted as addendums to this report. The Monitoring Team verified compliance with all OAP elements of the Consent Decree for the year 2024. The one deficiency noted was corrected by conducting Peer Support training in January 2025, and the Monitoring Team verified the training occurred while onsite on March 24, 2025. Neither the PSAB auditors nor the Monitoring Team have any recommendations. Based on our observations, the OAP is working effectively and productively to support the needs of the department.

## METHODOLOGY

Documents supporting compliance with the Consent Decree were submitted to PSAB and to the Monitoring Team. Protocol keys and Compliance keys were used to report PSAB findings. All of the PSAB findings were reviewed by the Monitor Viverette to assess compliance.

## FINDINGS

Based on our review of the PCAB audit, we found:

- The audit was conducted/completed during the month listed on NOPD's Audit Schedule,
- The date range (2024) of the data is correct per corresponding audit protocol, and
- The sample size is correct per corresponding audit protocol (*i.e.*, all OAP CD sections were audited and spot checked).

### PSAB Findings

PSAB found only one deficiency during the audit as relating to whether there was training verification of members involved in the New Orleans Police Peer Assistance Program. The response from the OAP Director was "The OAP and Peer Support Team scheduled training on Jan. 9, 2025. This training will include a refresher of information and strategies needed to continue to serve the Department through individual sessions and group debriefings."

### Monitoring Team Spot Audit Findings

The Monitoring Team verified the PSAB audit is accurate and in compliance with the elements of the Consent Decree for 2024. The one deficiency noted was corrected by conducting Peer Support training in January 2025. The Monitoring Team verified the training occurred while onsite on March 24, 2025. The Monitoring Team found all of the below findings by PSAB to be correct.

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Protocol Key

A = Auditor must check

T = Training Academy provided

O = OAP Director provided

P = Policy/Plan availability

Compliance Key

C = Compliant

N = Not compliant/Not Provided

N/A = Not Applicable

Question	Person Responsible for Review	Answer	Comments
1. Is there documentation that the OAP Policies were reviewed and/or updated in the past 12 months? (P)	P	C	The below chapters were reviewed during the coordination of the 2025 Training Needs Assessment for OAP with Academy
a. 22.2.6		C	
b. 22.2.7		C	
c. 22.2.8		C	
2. Is there documentation that the OAP SOP has been reviewed and/or updated in the past 12 months? (P)	P	C	The SOP drafted in 2023 has reviewed and finalized in 2024.
3. Is there documentation that the OAP Job Descriptions have been reviewed/revised in the past 12 months?	O	C	The OAP Job Descriptions were reviewed to determine if contract social workers can be utilized for NOPD needs.
4. Is there evidence of a distribution of lists of internally available mental health services?	A	C	NOPDALL email sent 09/15/24
5. Is there evidence of a distribution of lists of externally available mental health services?	A	C	NOPDALL email sent 09/22/24
6. Is there evidence of readily accessible counseling services with both direct and indirect referrals?	A, O	C	OAP incident stats
7. Is there evidence that the Police Peer Assistance Program is	O	C	OAP incident stats

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Question	Person Responsible for Review	Answer	Comments
utilized?			
8. Is there documentation of the number of members attending crisis counseling?	O	C	OAP stats; 381 incidents documented
9. Is there documentation of critical incident de-briefings for critical incidents occurring in the past six months?	O	N/A	No critical incident de-briefings were needed during this audit timeframe.
10. Is there evidence of available mental health services for officers following traumatic incidents?	O	C	OAP incident stats
11. Is there documentation of referrals to external fitness-for-duty evaluations?	O	C	OAP incident stats
12. Is OAP information available on SharePoint and publicly posted in NOPD Districts and offices?	A	C	
13. Is there evidence of referral to qualified mental health professionals when OAP deemed necessary?	O	C	OAP incident stats
14. Is there documented evidence that OAP programs ensure confidentiality, as required under federal and state privacy laws?	O	C	OAP incident stats does not document any names, employee numbers, or other identifying indicators
15. Are there lists of self-help alternatives provided to members?	A, O	C	NOPDALL email sent 09/22/24
16. Is there documentation of the number of members and families served by OAP?	O	C	1401 incidents documented
a. In-patient or out-patient mental health services and/or substance abuse services?		C	OAP incident stats
b. Housing resources? __		C	
c. Financial counseling? __		C	
d. Relationship counseling? __		C	
e. Police psychologists, and __		C	
f. Child and adolescent services?	A, O	C	



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Question	Person Responsible for Review	Answer	Comments
17. Is there evidence of mental health services for NOPD officers and their families incorporated into NOPD's crisis response and emergency preparedness planning?	O, P	C	2024 Hurricane Preparedness Plan
18. Is there documentation of the Traumatic Incident Team Deployment?	O	C	OAP incident stats
19. Is there documentation of OAP's assistance to the Crisis Intervention Team (CIT)?	O	C	OAP incident stats
20. Is there documentation of Post-Shooting referrals to OAP?	O	C	OAP incident stats
21. Is there documentation of de-identified case management records?	O	C	OAP incident stats does not document any names, employee numbers, or other identifying indicators
22. Is there documentation of OAP's responsibilities in the NOPD Hurricane Plan?	O, P	C	2024 Hurricane Preparedness Plan
23. Is there documentation of Stress-Management training?	T	C	OAP incident stats
24. Are there certification documents of NOPD mental health professionals?	O	C	Employee credentials kept and verified through Civil Service Department
25. Is there documentation of OAP briefings or group counseling, involving common incidents that pose the increased potential for trauma, including, but not limited to:	A	C	OAP incident stats
a. Police shootings where serious injury or death involves a department member?		N/A	None during this audit period
b. An actual or perceived threat to one's life or of grievous physical harm?		N/A	OAP incident stats
c. A colleagues' or family members' suicide or attempted suicide?		C	OAP incident stats
d. Serious injury inflicted on, or death of, a colleague? __		N/A	None during this audit period

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Question	Person Responsible for Review	Answer	Comments
e. Serious injury or death of a non-member, especially a child, under particularly tragic or grotesque circumstances?		C	OAP incident stats
f. Cruelty/abuse to a child?__		C	OAP incident stats
g. Line of duty contact with friend/relative during a tragic/traumatic event?__		C	OAP incident stats
h. Death or injury of a person resulting from duty operations?__		N/A	None during this audit period
i. Perceived 'failure' during a tragic/traumatic event?__		C	OAP incident stats
j. Large scale or prolonged disaster?		N/A	None during this audit period
k. Incidents with high media exposure?__, and		N/A	None during this audit period
l. Any tragic/traumatic event that may have private/personal emotional significance to a member, particularly when the event is characterized by relative surprise; intense negative emotion; and perceived helplessness?	O	N/A	None during this audit period
26. Are there documents and lesson plans verifying that management and supervisory personnel have received training in officer support services protocols to ensure wide availability and use of officer support services?	T	C	In-service on all levels
27. Are there training documents/recordings verifying training of available officer support services and how to access them in in-service trainings?	T	C	OAP Inservice instructional lesson plan – “Health is Wealth; Creating a mindset for better mental and physical well-being”

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Question	Person Responsible for Review	Answer	Comments
28. Is training provided to employees with lesson plans indicating mental health professionals are involved in training on use of force, to address such topics as: a. peer intervention by fellow officers to stop the use of excessive force; b. interaction of human perception and threat assessment; c. decision making under highly charged conditions; d. psychological methods of situation control; e. patrol de-escalation and defusing techniques that not only provide a tactical response, but also respond to the fear stimulated by confrontations; f. anger management programs; g. training in verbal control and communication; h. conflict resolution; and I. mental health stressors for officers and employees		C	
29. Are there one-hour in-service OAP lesson plans approved by the Academy Curriculum Director?	T	C	
30. Are there one-hour recruit training OAP lesson plans approved by the Academy Curriculum Director?	T	C	
31. Is there training verification of members involved in the New Orleans Police Peer Assistance Program? (O,T)	O, T	N	Next training scheduled for 01/09/25
32. Is there documentation of a Roll Call training on OAP related topics approved by the Academy Curriculum Director?	O	C	08/19/24

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## RECOMMENDATIONS

### **PSAB Recommendations:**

The Director of the Office of Assistance Programs (OAP) is actively seeking to expand the staffing within the unit to enhance the implementation of the MEPPS model, thereby benefiting all employees. Dr. Martin is diligently overseeing the development and forthcoming inauguration of the Department's OAP Health and Wellness Center. This center is intended to comprehensively address the OAP assistance needs of both employees and their families. With continued growth in staffing, the Department is confident that this unit will flourish and provide substantial benefits to both the Department and its personnel.

The Department remains steadfast in its commitment to the overall well-being of its employees. The New Orleans Police Department (NOPD) acknowledges that holistic wellness is crucial for both recruitment and retention as officers and professional staff fulfill their roles in serving the community. It is imperative to ensure that employees feel supported in various aspects of health and wellness and are aware of the available supportive resources. To maintain healthy mental and emotional awareness, OAP training will continue to be a component of the annual in-service training provided to all commissioned officers across all ranks.

### **OCDM Recommendations:**

The Monitoring Team agrees with the above PSAB recommendations. Additionally, we would support the following needs and requests of the well-functioning OAP Unit.

1. **Personnel** – The Office of Assistance Programs (OAP) Unit has recently submitted paperwork to introduce a civilian Police Investigator Specialist position. The Unit has identified a highly qualified candidate for this role, who possesses prior police experience. This candidate is expected to provide substantial support to the currently assigned uniformed officer within the Unit, enhancing overall operational effectiveness.

Specifically, the Police Investigator Specialist will support the mission of OAP by:

- Responding to members initial request for consultation
- Providing peer support services
- Responding to Critical Incident calls and/or engaging in Critical Incident Stress Management (CISM) with officer

Furthermore, the Police Investigator Specialist will assist PSAB with the following:

- The intake or investigation of Formal Disciplinary Investigations assigned to PSAB of complaints/allegations against PIB members
- Assisting PSAB staff with random drug testing of department members

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2. **Cordico Wellness Application** – The staff of the Office of Assistance Programs (OAP) have consistently requested funding for a wellness application known as Cordico. This app offers a variety of confidential resources for personnel and is widely implemented in numerous agencies across the nation. The Monitoring Team has expressed agreement that integrating Cordico into the OAP Unit would be a highly beneficial enhancement.
3. **Funding for Training** – The Office of Assistance Programs (OAP) is able to fulfill the necessary training requirements for certification and state mandates without difficulty. However, there is no designated budget specifically for additional training activities, which complicates the process of planning future training sessions. Currently, the procedure involves staff members submitting training requests, which are then subject to approval by leadership. Having a predefined training budget would greatly assist the Unit in proactively planning and organizing training sessions that could enhance its capabilities. This approach would ensure that beneficial training opportunities are identified and scheduled more efficiently.

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**APPENDIX J. 7th District-Focused Custodial Interrogations**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree  
Spot Check Audit Report – PSAB’s 7<sup>th</sup> District Focused  
Custodial Interrogations Audit**

**Released July 9, 2025**

**Office of the Consent Decree Monitor**

**New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

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**Summary Page**

<b>Audit</b>	7 <sup>th</sup> District Focused Custodial Interrogations Audit
<b>OCDM Auditor(s)</b>	Robert McNeilly
<b>Audit Dates</b>	March 27, 2025
<b>PSAB Audit</b>	Completed On Time: Yes Correct Sample: Yes Correct Audit Period: Yes
<b>Findings</b>	<ol style="list-style-type: none"> <li>1. The Monitoring Team could not verify the audit since the audit report included only the item numbers of the interrogations with discrepancies. The item numbers for all other compliant interrogations were not included in PSAB's Audit Report.</li> <li>2. Although the Monitoring Team is unable to verify the results of the PSAB audit without the item number of all cases audited, the findings are similar to the Monitor Team's findings in our prior audits and generally reflect what the Monitoring Team would expect to find during the audit.</li> </ol>
<b>Key Recommendations</b>	<ol style="list-style-type: none"> <li>1. Future reports should contain the item numbers of all interrogations reviewed.</li> <li>2. PSAB should clarify when and why interrogations are de-selected.</li> <li>3. PSAB should clarify the time provided to districts to locate documents.</li> </ol>

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## EXECUTIVE SUMMARY

To assess NOPD compliance with Consent Decree custodial interrogation requirements, OCDM monitor McNeilly reviewed the PSAB audit report “Custodial Interrogations and Interviews Audit – February 2025 (Final).” The audit report focused on District Seven.

The PSAB findings indicate a high compliance rate of with an overall score of the 7<sup>th</sup> District Focused Custodial Interrogations Audit at 98%. Two issues were non-compliant:

- notes available if taken during interrogation was 82% compliant, and
- compliance of the Custodial Interview Log was 88%.

Although the Monitoring Team is unable to verify the results of the PSAB audit without the item numbers of cases audited, the findings are similar to the Monitoring Team findings in our prior audits. The auditors explained each N/A entry in sufficient detail. Monitoring Team recommends future reports contain the item numbers of all interrogations and interviews reviewed.

## METHODOLOGY

On March 27, 2025, OCDM monitor Robert McNeilly reviewed the PSAB focused audit report of custodial interrogations in District Seven. It was apparent the PSAB audit, conducted from February 2, 2025, to February 14, 2025, used the latest custodial interrogations and interviews audit protocol dated March 11, 2022. The focused audit was mandated by the agreed “Sustainment Plan” between DOJ and NOPD and listed as item 9 on the plan.

The latest protocols listed in the PSAB audit report were consistent with prior OCDM audits and the audit protocols. The results of the PSAB audit were reviewed and compared with the findings of the most recent OCDM custodial interrogation/interview audits (March 2023 and July 2023).

## FINDINGS

1. The Monitoring Team could not verify PSAB’s audit findings since the Audit Report included only the item numbers of interrogations with discrepancies. The item numbers for all compliant interrogations were not included in the report.
2. Although the Monitoring Team is unable to verify the results of the PSAB audit without the item number of cases audited, the findings are similar to the Monitoring Team’s findings in prior our audits.
3. PSAB’s Audit Report provided sufficient explanation for each N/A marking throughout the report.
4. The recommendation section of the PSAB report stated, “Of the 27 items reviewed, it was determined by auditors that 11 had notes taken during the interrogation. Of those 11 items, 9



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were compliant, and 2 items not compliant as notes were not available at time of audit.” The report further stated, (the audit result) “... does not signify a need for general corrective action, but rather a need for targeted corrective action.” The recommendations then provided only two recommendations which were:

- a. This report will serve as notification of district/unit performance during this audit.
- b. Work with Policy Standards Section to develop DTB’s to address the training issues identified in this report.

The Monitoring Team agrees that there does not seem to be a need for general corrective action, but the first recommendation lacks specificity. PSAB should recommend some specific corrective action for the detectives to prevent similar errors in the future.

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**APPENDIX K. 7th District-Focused Photo Lineups**



**Report of the Consent Decree Monitor  
For the New Orleans Police Department Consent Decree**

**Spot Check Audit Report – PSAB 7<sup>th</sup> District Focused  
Photographic Lineups Audit**

**Released July 9, 2025**

**Office of the Consent Decree Monitor**

**New Orleans, Louisiana**

Sheppard Mullin Richter & Hampton, LLP

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**Summary Page**

<b>Audit</b>	PSAB's 7 <sup>th</sup> District Focused Photographic Lineups Audit
<b>OCDM Auditor(s)</b>	Robert McNeilly
<b>Audit Dates</b>	March 30, 2025
<b>PSAB Audit</b>	Completed On Time: Yes Correct Sample: Yes Correct Audit Period: Yes
<b>Findings</b>	<ol style="list-style-type: none"> <li>1. The PSAB audit listed one section as not achieving substantial compliance. Paragraph 173 requires filler photographs to generally resemble suspect features. This was rated at 82%. PSAB rated the overall compliance rate at 99%.</li> <li>2. OCDM could not verify the audit since the audit report included only the item numbers of photographic lineups with discrepancies. The item numbers for all compliant lineups were not included in the report.</li> <li>3. Although OCDM is unable to verify the results of the PSAB audit without the item numbers of cases audited, the findings are similar to the OCDM findings in prior OCDM audits.</li> </ol>
<b>Key Recommendations</b>	<ol style="list-style-type: none"> <li>1. NOPD should include the item numbers of all cases audited.</li> </ol>

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## EXECUTIVE SUMMARY

To assess NOPD compliance with Consent Decree Custodial Interrogation requirements, Monitor McNeilly reviewed the PSAB audit report “Photographic lineups Audit – February 2025 (Final).” The audit report focused on District Seven.

The PSAB findings indicate a high compliance rate with an overall score of the 7<sup>th</sup> District Focused Custodial Interrogations Audit at 99%. One area, relating to use of filler photos generally fitting the witness’s description of the perpetrator, was non-compliant:

The overall score for this category was 82%. Of the fourteen responses, nine were scored as compliant, two were scored as not compliant (District 7: K-17121-24 and A-01373-25), and three were scored “N/A”. (Those listed as N/A were explained as single photos presented to a victim/witness solely as a confirmation photograph.)

Although the Monitoring Team is unable to confirm the results of the PSAB audit without viewing the photos of cases audited and the recordings of those listed as compliant, the findings are similar to the Monitoring Team findings in our prior audits. The auditors explained each N/A entry in sufficient detail. Monitoring Team recommends future reports contain the item numbers of all photographic lineups reviewed.

## METHODOLOGY

On March 27, 2025, Monitor Robert McNeilly reviewed the PSAB focused audit report of photographic lineups in District Seven. It was apparent the PSAB audit, conducted from February 2, 2025, to February 14, 2025, used the latest photographic lineup audit protocol dated March 11, 2022. The focused audit was mandated by the agreed “Sustainment Plan” between DOJ and NOPD.

The latest protocols listed in the PSAB audit report were consistent with prior OCDM audits and the audit protocols used during those audits. The results of the PSAB audit were reviewed and compared with the findings of the most recent OCDM custodial interrogation/interview audits (March 2023 and July 2023).

## FINDINGS

1. The audit executive summary lists the paragraphs of the consent decree the audit addressed as paragraphs 171, 173, 174, 175, and 176. It did not list paragraph 172 which is “NOPD agrees that, before any lineup is administered, eyewitnesses shall be admonished that the suspect might or might not be present in the lineup.” However, the audit did include paragraph 172 requirements.
2. The PSAB audit listed one section as not achieving substantial compliance. Paragraph 173 requires filler photographs to generally resemble suspect features. This was rated at 82%. PSAB rated the overall compliance rate at 99%.

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3. Monitoring Team could not verify the audit since the audit report included only the item numbers of photographic lineups with discrepancies. The item numbers for all compliant lineups were not included in the report.
4. Although OCDM is unable to verify the results of the PSAB audit without the item number of cases audited, the findings are similar to the Monitoring Team findings in prior Monitoring Team audits.
5. The audit report provided sufficient explanation for each N/A marking throughout the report.

### **RECOMMENDATIONS**

1. NOPD should include the item numbers of all cases audited.