COMPLIANCE PROGRAM MANUAL

ADOPTED: 10/09/2024
LAST REVISED: 7/10/2026

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OVERVIEW

INTRODUCTION

Variety Child Learning Center (Variety or VCLC) promotes the development, education, and community inclusion of children with, or at risk of, disabilities. Variety has established a Compliance Program which promotes an organizational culture that encourages ethical conduct and a commitment to compliance with laws, rules and regulations which govern our operations while enhancing service quality to the children and families we serve. The Compliance Program integrates various operational systems with an emphasis on internal and external audits, reviews, benchmarks, and trends, is based on effective and open lines of communications, and relies on measurements to assure sustainability and success. The Compliance Program is then incorporated into our operations, which are committed to high standards of performance and quality of services.

VCLC has designed and implemented a comprehensive Compliance Program that sets forth the standards of conduct, policies, and procedures that all "Affected Individuals" (as defined below) shall follow. **Our Compliance Program Manual consists of the following:**

(A) **Structure and Guidelines.** The Structure and Guidelines set forth the structure of the Compliance Program and describes its day-to-day operation.

(B) **Standards of Conduct.** The Standards of Conduct sets forth the general standards of conduct to which all Affected Individuals associated with the VCLC must adhere.

All Affected Individuals are required to review and be familiar with the Standards of Conduct and Compliance Program Structure and Guidelines.

(C) **Specific Compliance Policies and Procedures.** Certain compliance issues require further detail and instruction. To that end, VCLC has adopted specific Compliance Policies and Procedures covering certain areas, in addition to operational policies and procedures. ***If you have specific responsibilities that are addressed by a Compliance Policy and Procedure, you must be familiar with its requirements.*** The Compliance Policies and Procedures may be accessed on the internet at **http://varietyclc.org** and are also available upon request to the compliance officer.

The Standards of Conduct, the Structure and Guidelines, and our Compliance Policies and Procedures are collectively referred to as VCLC's "Compliance Program Manual".

VCLC will conduct business in a manner that supports operational integrity. To that end, our Compliance Program is designed to effectively prevent, detect and correct non-

compliance with applicable laws and rules and regulations, including requirements for the Medicaid program. VCLC'S Compliance Program has many goals. Among them are: (i) detecting and preventing fraud, waste, and abuse, (ii) organizing our resources to address compliance issues as quickly and efficiently as possible, and (iii) establishing in place a system of checks and balances to prevent recurrence of any such issues.

All Affected Individuals shall cooperate fully with the Compliance Program.

VCLC is committed to legal and ethical standards, and the Compliance Program Manual is designed to assist us in effectively keeping to that commitment. Conduct that is contrary to these expectations will be considered a violation of the Compliance Program.

Questions and/or concerns regarding the Compliance Program or Compliance Program Manual shall be directed to the compliance officer.

KEY DEFINITIONS

The terms listed below have the following meanings:

a. **"*Affected Individuals*"** means all persons who are affected by VCLC's "risk areas," including our employees, the chief executive officer and other senior administrators, managers, subcontractors, independent contractors, volunteers, and governing body (Board of Trustees). Affected Individuals are sometimes referred to in this Compliance Program Manual as "you."

b. **"Client(s)"** means children, students and/or families who receive services from or attend a program of VCLC.

c. ***"Compliance Committee"*** means the group established by VCLC to coordinate with the compliance officer to ensure that VCLC is conducting its business in an ethical and responsible manner, consistent with our Compliance Program.

d. **"*Compliance Officer (CO)"*** means the individual designated by VCLC with responsibility for the day-to-day operation of the Compliance Program. The compliance officer is the focal point for our Compliance Program. The compliance officer reports directly to the chief executive officer.

e. **"Concern(s)"** means actual or suspected fraud, waste, abuse, other wrongful or unethical conduct, or violations of laws, regulations, administrative guidance, or VCLC's Compliance Program, including the Standards of Conduct, policies, and procedures. The term "issue(s)" is used interchangeably with "Concern(s)" throughout the Compliance Program Manual.

f. **"Effective Compliance Program"** means a compliance program adopted and implemented that, at a minimum, satisfies the requirements of 18 NYCRR Subpart 521-1 and is designed to be compatible with our characteristics (i.e., our size, complexity, resources, and culture). Our Compliance Program is designed to ensure that it: (i) is well-integrated into our operations and supported by the highest levels of the organization, including the chief executive, senior management, and the governing body; (ii) promotes adherence to legal and ethical obligations; and (iii) is designed and implemented to prevent, detect, and correct noncompliance with Medicaid and other requirements, including fraud, waste, and abuse.

g. **"*Good faith participation in the Compliance Program*"** includes, but is not limited to, the following actions when taken in good faith: (a) reporting potential compliance concerns to appropriate personnel; (b) participating in the investigation of potential compliance concerns; (c) self-evaluations; (d) audits; (e) remedial actions; (f) reporting instances of intimidation or retaliation; and (g) reporting potential fraud, waste or abuse to the appropriate State or Federal entities.

h. **"*Organizational experience*"** means VCLC's: (i) knowledge, skill, agency and understanding in operating our Compliance Program; (ii) identification of any issues or risk areas in the course of our internal monitoring and auditing activities; (iii) experience, knowledge, skill, practice and understanding of our participation in Medicaid, DOH's Bureau of Early Intervention, NYSED approved preschool and school-age special education programs, and the results of any audits, investigations, or reviews we have been the subject of; and (iv) awareness of any issues we should have reasonably become aware of for our category or categories of service.

i. ***"Risk areas"*** are those areas to which VCLC's Compliance Program applies, including: (i) billings; (ii) payments; (iii) ordered services; (iv) medical necessity; (v) quality of care; (vi) governance; (vii) mandatory reporting; (viii) credentialing; and (ix) other risk areas that are or should reasonably be identified through our organizational experience.

REPORTING REQUIREMENTS

VCLC employees must report suspected misconduct; potential violations of federal or state laws or regulations; and any compliance-related concerns. Reports may be made to the Compliance Director, the Compliance Hotline, a supervisor, the Human Resources Director, or the Finance and Audit Committee of the Board of Trustees. Any report received by a supervisor, the Human Resources Director, or the Finance and Audit Committee must be promptly forwarded to the Compliance Director.

Affected Individuals may also report compliance issues anonymously if they choose. To report anonymously, please use the Compliance Hotline, (516) 368-8306.

Acts of retaliation or intimidation should be immediately reported, and if substantiated, the individuals responsible will be appropriately disciplined, up to termination (see Non- Retaliation and Non-Intimidation Policy, alias Whistleblower Policy).

Name	Contact Information
Compliance Director Sonia Puertas-Galletta	Ph: (516) 921-7171 Extension 2115 Email: spuertas-galletta@vclc.org
Anonymous Compliance Hotline	Ph: (516) 368-8306

COMPLIANCE CONCERN FORM

Suspected misconduct, potential violations of federal or state laws or regulations, and any compliance-related concerns must be reported. Reports may be made to the Compliance Director, the Anonymous Compliance Hotline, a Supervisor, or the Human Resources Director.

Anonymous Compliance Hotline: (516) 368-8306

Submitted to: ☐ Compliance Director ☐ Supervisor ☐ Human Resources Director

Any report received by a supervisor or the Human Resources Director must be promptly forwarded to the Compliance Director.

1. Statement of Incident

Date of Submission:	Time:	Building Location:	Program:
Employee Name (Optional):		Position/Department:	

Preferred Contact Method: ☐ **In-Person** ☐ **Email** ☐ **Phone** ☐ **Anonymous**

The reporting employee is given the option of using a recording device to support the Compliance Director in capturing the statement accurately along with written notes. **Employee:** ☐ **Accepted** ☐ **Declined** ☐ **NA**

COMPLIANCE CONCERN FORM

2. Evidence or Supporting Documents

☐ Attached	☐ Available Upon Request	☐ None
Description of Evidence:		

3. Have you reported this previously?

☐ Yes → To whom?	☐ No

4. Evidence or Supporting Documents

☐ Attached	☐ Not Available	☐ Available Upon Request
Description of Evidence:		

5. Desired Outcome: What improvement would you like to see?

6. Confidentiality Request

☐ Keep confidential as legally allowed	☐ Identity may be shared if required

7. Certification

I affirm this report is accurate and submitted in good faith.

Signature: _____ Date: _____

STRUCTURE AND GUIDELINES

Compliance Program Manual Updated:
1/18/2019; 8/2020; 10/2023; 6/2024;

STRUCTURE AND GUIDELINES

The following elements comprise the Compliance Program's Structure and Guidelines. Each element governs a different and important aspect of the Compliance Program. The Structure and Guidelines are intended to provide you with an overview of the Compliance Program's framework that supports its day-to-day operations. The framework is designed to allow room for continuous improvement in, and evolution of, the Compliance Program to ensure that we continue to conduct business in a manner that supports integrity and ethics in our operations, and compliance with the laws, rules, regulations, and requirements to which we are subject.

ELEMENT 1: Written Policies and Procedures

- **Formal Policies.** The Standards of Conduct, the Compliance Program Structure and Guidelines, and our specific Compliance Policies and Procedures have all been formalized in writing and adopted by VCLC. These documents demonstrate our commitment to complying with applicable legal, regulatory, and other requirements, appropriate guidance, and our contractual commitments.

- Specifically, VCLC's written Compliance Policies and Procedures and the Standards of Conduct are designed to:

  (i) articulate our commitment and obligation to comply with all applicable Federal and State standards. In so doing, we have identified governing laws and regulations that are applicable to our risk areas;

  (ii) describe compliance expectations as embodied in the Standards of Conduct. These standards of conduct serve as a foundational document which describe our fundamental principles and values, and our commitment to conduct our business in an ethical manner;

  (iii) document the implementation of our Compliance Program and its requirements and outline its ongoing operation. Among other things, our Compliance Policies and Procedures are designed to describe, at a minimum, the structure of our Compliance Program, including the responsibilities of all Affected Individuals in carrying out the functions of the Compliance Program;

  (iv) provide guidance to Affected Individuals on dealing with potential compliance concerns. Specifically, our guidance is designed to, at a minimum:

  a. assist Affected Individuals in identifying potential compliance issues, questions, and concerns,
  b. set forth expectations for reporting compliance issues, and explain how to report such issues, questions, and concerns to the

Compliance Director; and

c. establish the expectation that all Affected Individuals will act in accordance with the Standards of Conduct;

(v) identify the methods and procedures for communicating compliance issues to the appropriate compliance personnel;

(vi) describe how we investigate and resolve potential compliance issues and the procedures for documenting the investigation, and the resolution or outcome (see the *Investigations and Implementing Corrective Action, Including Discipline Policy*);

(vii) include a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program, including, but not limited to: (a) reporting potential compliance issues to appropriate personnel; (b) participating in investigation of potential compliance issues; (c) self-evaluations; (d) audits; (e) remedial actions; (f) reporting instances of intimidation or retaliation; and (g) reporting potential fraud, waste or abuse to the appropriate State or Federal entities (see the *Non- Retaliation and Non- Intimidation Policy*; and the *Investigations and Implementing Corrective Action, Including Discipline Policy*);

(viii) include a written statement setting forth VCLC's policy regarding Affected Individuals who fail to comply with the written policies and procedures, standards of conduct, or State and Federal laws, rules, and regulations. That policy, which may be found in VCLC's *Investigation and Implementing Corrective Action, Including Discipline Policy*, also establishes our standards for taking and escalating disciplinary actions that must be taken in response to non-compliance. Intentional or reckless behavior is subject to more significant sanctions. Sanctions may include verbal or written warnings, suspension, and/or termination;

(ix) comply with the requirements of the Federal Deficit Reduction Act (42 USC § 1396a(a)(68)) pertaining to maintenance and dissemination of policies regarding false claims law and whistleblower protections (see the *False Claims Statutes and Whistleblower Protections Policy*); and

(x) review all Compliance Program's Policies and Procedures and Standards of Conduct in order to determine: (i) if such written policies, procedures, and standards of conduct have been implemented; (ii) whether Affected Individuals are following the policies, procedures, and standards of conduct; (iii) whether such policies, procedures, and standards of conduct are effective; and (iv) whether any updates are required. Policies will be reviewed and approved by the Compliance Committee and Board of

Trustees on an annual basis. Written compliance-related policies and procedures, the Standards of Conduct and related materials that establish the VCLC's standards and expectations are developed, reviewed, and revised at least annually and modified, as necessary.

ELEMENT 2: Designation of Compliance Officer and the Compliance Committee

- **Duties of the Compliance Director.** The Compliance Director manages the Compliance Program. The Compliance Director's primary responsibilities include:

(i) overseeing and monitoring the adoption, implementation and maintenance of the Compliance Program and evaluating its effectiveness;

(ii) drafting, implementing, updating, and coordinating a compliance work plan no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rules, regulations, policies, and standards. The work plan will outline our proposed strategy for meeting the requirements of an effective compliance program for the coming year, with a specific emphasis on applicable requirements relating to our written Compliance Policies and Procedures, training and education, auditing, and monitoring, and responding to compliance concerns;

(iii) reviewing and revising the Compliance Program Manual, and, at least annually, the written Compliance Policies and Procedures and Standards of Conduct, to incorporate changes based on our organizational experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies, and standards. The Compliance Director, with support of the Compliance Committee, will conduct a review, at least annually, to determine whether such Policies and Procedures and Standards of Conduct have been implemented, are being followed by Affected Individuals, and whether they are effective and/or any updates are required;

(iv) reporting directly, on a regular basis, but no less frequently than quarterly, to VCLC's governing body, chief executive, and Compliance Committee on the progress of adopting, implementing, and maintaining the Compliance Program and the Compliance Program Manual;

(v) assisting in establishing methods to improve our efficiency, quality of services, and reducing our vulnerability to fraud, waste, and abuse; and

(vi) investigating and independently acting on matters related to the Compliance Program, including designing, and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and the State.

- VCLC is committed to ensuring that the Compliance Director is allocated sufficient staff and resources to satisfactorily perform the responsibilities for the day-to-day operation of the Compliance Program. VCLC will assess staff allocation and resources as part of our annual review of our Compliance Program's effectiveness.

- In order to help ensure the effectiveness of the Compliance Program, the Compliance Director and appropriate compliance personnel will have access to all records, documents, information, facilities and Affected Individuals that are relevant to carrying out their Compliance Program responsibilities.

- **Duties of the Compliance Committee.** The Compliance Committee shares oversight responsibilities with the Compliance Director and provides support to VCLC's Compliance Program. The Committee shall include senior management individuals and shall meet at least quarterly with the Compliance Director to share with the Compliance Director their individual assessments in their areas of expertise and to assist in identifying risk areas.

  The Compliance Committee's responsibilities include:

  (i) coordinating with the Compliance Director to ensure that our written Compliance Policies and Procedures, and standards of conduct, are current, accurate and complete, and that the training topics that are part of our Compliance Program are timely completed;

  (ii) coordinating with the Compliance Director to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity required by applicable law, regulation or requirement;

  (iii) advocating for the allocation of sufficient funding, resources, and staff for the Compliance Director to fully perform their responsibilities;

  (iv) ensuring that we have effective systems and processes in place to identify Compliance Program risks, overpayments and other issues, and effective Compliance Policies and Procedures for correcting and reporting such issues; and

  (v) advocating for adoption and implementation of required modifications to the Compliance Program.

ELEMENT 3: Training and Education

- As an integral part of the Compliance Program, we have established and implemented an effective compliance training and education program. This program applies to all Affected Individuals and to VCLC's compliance officer.

- Affected Individuals and the compliance officer will complete the training program no less frequently than annually. Our training and education program occurs promptly upon hiring (*i.e.*, within 45 calendar days of hire).

- Training is provided in a form and format that is accessible and understandable to all Affected Individuals, consistent with applicable language and other access laws, rules, and policies.

- The Compliance Program also has a training plan. At a minimum, our training plan outlines the subjects or topics for training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated.

VCLC's training and education includes, at a minimum, the following topics:

(i) our risk areas and organizational experience;

(ii) our written Compliance Policies and Procedures as identified above in Element 1, "Written Policies and Procedures";

(iii) the role of the Compliance Director and the Compliance Committee;

(iv) how Affected Individuals can ask questions and report potential compliance-related issues to the Compliance Director and senior management, including the obligation of Affected Individuals to report suspected illegal or improper conduct and the procedures for submitting such reports, and the protection from intimidation and retaliation for good faith participation in the Compliance Program;

(v) disciplinary standards, with an emphasis on those standards related to our Compliance Program and the prevention of fraud, waste and abuse;

(vi) how we respond to compliance concerns and implement corrective action plans; and

(vii) coding and billing requirements and best practices.

ELEMENT 4: Effective Lines of Communication

- **Communication System.** VCLC has established and implemented effective lines of communication, ensuring confidentiality for Affected Individuals.

  Specifically:

  (i) our lines of communication are accessible to all Affected Individuals, including methods for anonymous and confidential good faith reporting and for questions to the Compliance Director;

  (ii) we publicize the lines of communication to the Compliance Director and make available on our website, information about our Compliance Program, including our Standards of Conduct;

- "**Open Door Policy.**" VCLC has an "open door" policy for receiving reports and for answering questions concerning adherence to the law and the Compliance Program.

- **Reporting Concerns.** All Affected Individuals must abide by the Compliance Program and are required to report suspected illegal or improper conduct, possible violations of the Compliance Program and other compliance-related concerns. Affected Individuals may report issues or concerns to the Compliance Director to the Compliance Hotline, to their supervisor, human resources director, or the Finance and Audit Committee of the Board of Trustees.

- **Reporting to the Compliance Director.** If a report is made to a supervisor, human resources director or anyone other than the Compliance Director, the person who the issue was reported to, must in turn immediately inform the Compliance Director in writing so that the issues or concerns may be addressed.

- **Anonymous and Confidential Reporting Methods.** Personnel may report issues or concerns anonymously if they choose. Personnel may report anonymously by calling the Compliance Hotline (516) 368-8306. Personnel may also choose to identify themselves. In such case, the reporting person's identity will be kept confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, is referred to, or is under investigation by the OMIG or law enforcement, or disclosure is required during legal proceedings.

- **Retaliation or Intimidation is Prohibited.** Retaliation or intimidation in any form against an individual who reports possible misconduct or illegal conduct or otherwise participates in good faith in the Compliance Program, is strictly prohibited. Acts of retaliation or intimidation shall be immediately reported to the Compliance Director, or to the Hotline and, if substantiated, the individuals responsible will be appropriately disciplined (see the *Non-Retaliation and Non-Intimidation Policy, alias Whistleblower Policy*).

ELEMENT 5: Disciplinary Standards to Encourage Good Faith Participation in the Compliance Program

- VCLC has established disciplinary standards, and has implemented enforcement procedures for those standards, to address potential violations and to encourage good faith participation in the Compliance Program by all Affected Individuals.

- Specifically, our written Compliance Policies and Procedures establishing our disciplinary standards and the procedures for taking such actions are published and disseminated to all Affected Individuals and are incorporated into our training plan. Moreover, we enforce our disciplinary standards fairly and consistently, and the same disciplinary action applies to all levels of personnel.

- The types of discipline imposed will be commensurate with the severity of the violation, and may include one or more of the following: training, re-training, verbal warnings, written warnings, suspension and/or termination of employment or contract, as appropriate, under the circumstances (see the *Investigations and Implementing Corrective Action, Including Discipline Policy*).

ELEMENT 6: The System for Routine Monitoring and Identification of Compliance Risk Areas; Annual Compliance Program Reviews

- VCLC has established an effective system for routine monitoring, identification, and assessment of compliance risks. This system includes, but is not limited to, internal monitoring and audits, and external audits to evaluate VCLC's compliance with Medicaid requirements and the overall effectiveness of the Compliance Program.

- **Routine Monitoring and Auditing.** Routine audits will be performed by internal or external auditors who have experience and knowledge in applicable State and Federal requirements (*e.g.*, the Medicaid Programs) and other applicable laws, rules, regulations, and requirements, or have experience and knowledge in the subject area of the audit.

- **Specific Risk Areas, Documentation and Reporting.** Our audits and monitoring will meet the following requirements, at a minimum: (i) internal and external compliance audits will focus on our risk areas; (ii) the results of all internal or external audits, or audits conducted by the State or Federal government will be reviewed for risk areas that can be included in updates to our Compliance Program and compliance work plan; and (iii) the design, implementation, and results of any internal or external audits will be documented, and the results shared with the Compliance Committee and our governing body.

- **Annual Compliance Program Review.** VCLC has a process to review, at least annually, the Compliance Program's effectiveness, if any policy and/or procedure

- revision, or corrective action is required, or if any other changes or modifications to the Compliance Program are necessary.

  Specifically:

  (i) the review may be carried out by the Compliance Director, Compliance Committee, external auditors, or other staff VCLC's CEO designate, provided that such designee has the necessary knowledge and expertise to evaluate the effectiveness of the Compliance Program components they are reviewing, and are independent from the functions under review;

  (ii) the review should include on-site visits, interviews with Affected Individuals, review of records, surveys, or any other comparable method that is appropriate, provided that it does not compromise the independence or integrity of their view;

  (iii) the Compliance Director documents the design, implementation and results of our effectiveness review, and any corrective action implemented; and

  (iv) the results of our annual Compliance Program review will be shared with the chief executive officer, the Compliance Committee, and the governing body, as appropriate.

ELEMENT 7: The System for Promptly Responding to Compliance Concerns

VCLC has established and implemented procedures and systems for promptly responding to compliance concerns as they are raised, investigating potential compliance problems as identified in the course of the internal auditing and monitoring, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with State and Federal laws, rules and regulations, and requirements, including those of the Medicaid Program. Our procedures and systems include the following:

(i) upon the detection of potential compliance risks and compliance concerns, whether through reports received, or as a result of auditing and monitoring, VCLC will take prompt action to investigate the conduct in question and determine what, if any, corrective action is required, and likewise promptly implement such corrective action;

(ii) document the investigation of the compliance issue. Documentation will include any alleged violations, a description of the investigation process, copies of interview notes, and other documents essential for demonstrating that a thorough investigation of the issue was completed. Where appropriate, we may retain outside experts,

(iii) auditors, or counsel to assist with the investigation;

(iv) document any disciplinary action taken and the corrective action implemented; and

(v) if VCLC identifies credible evidence or credibly believes that a State or Federal law, rule or regulation has been violated, it will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation. The Compliance Director will receive copies of any reports submitted to governmental entities.

Investigations. All compliance issues, however raised (*i.e.*, reported or discovered through audits/self-evaluations or by any other means), must be brought to the attention of the Compliance Director.

Corrective Action and Responses to Suspected Violations. When appropriate, corrective action plans will be created and tailored to the particular conduct and will provide a structure with time frames in order to attempt to ensure non-compliant activity does not recur. Corrective action will be implemented promptly and thoroughly and may include (but is not necessarily limited to):

(i) conducting training and education;

(ii) revising or creating appropriate forms;

(iii) modifying or creating new Compliance Policies and Procedures;

(iv) conducting additional internal reviews, audits or follow-up audits;

(v) imposing discipline (up to and including termination of employment or contract).

Corrective action plans and other corrective actions will continue to be monitored after they are implemented to ensure that they are effective.

For more information, see the *Investigations and Implementing Corrective Action, Including Discipline Policy.*

STANDARDS OF CONDUCT

Compliance Program Manual Updated:
1/18/2019; 8/2020; 10/2023; 6/2024;

STANDARDS OF CONDUCT

Variety Child Learning Center's (VCLC) Standards of Conduct apply to all Affected Individuals.

COMMITMENT TO COMPLIANCE

- VCLC is committed to complying with all applicable laws, rules and regulations, and ethical principles.
- VCLC is, and will remain, committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold all employees, interns, and volunteers to these same standards.
- VCLC is committed to maintaining and measuring the effectiveness of our Compliance Program and Standards of Conduct through monitoring and auditing systems reasonably designed to detect noncompliance by employees, interns, and volunteers.
- VCLC is committed to the prevention of improper or illegal activities and to provide mechanisms to detect noncompliance, including but not limited to, any violations of laws and regulations, education program requirements, the Standards of Conduct and VCLC's policies and procedures. VCLC is committed to the prompt investigation and resolution of reported or detected noncompliance.
- VCLC is committed to the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in Federal and State healthcare statutes, regulations, and education program requirements.
- VCLC is committed to providing access to all applicable laws, rules, regulations, policies, and procedures necessary for all affected individuals to perform their duties. VCLC regularly schedules training on the laws, rules, regulations, policies, and procedures, to support the Compliance Program.

STANDARDS RELATING TO MISSION, ETHICAL OBLIGATIONS AND CONFLICTS OF INTEREST

- VCLC is committed to clarity of our mission and purposes, free of any appearance of conflict or impropriety. VCLC will not pursue any business opportunity or take any other action that will require it to engage in illegal or unethical behaviors or is reasonably likely to fall outside of VCLC's mission, purpose, or scope.
- VCLC strives to provide high-quality services to our clients without regard to age, race, color, sexual orientation, marital status, religion, sex, or national origin.
- VCLC expects employees to demonstrate the highest standards of professionalism and ethical conduct, and to comply with all applicable laws, VCLC policies and procedures, accounting rules, and internal controls.
- Employees, interns and volunteers must be honest and lawful in all your business dealings and avoid doing anything that could create the appearance of impropriety.

- You are expected to keep Management staff informed of what you are doing; to document or record all services or transactions accurately; and to be honest and forthcoming with VCLC, regulatory agencies, and internal and external auditors.
- You are expected to comply with VCLC policies and procedures, accounting rules, and internal controls.
- Any breach of business ethics may result in severe punishment up to and including immediate termination. Employees who have questions about how this code of business ethics applies in particular situations should discuss the exact circumstances with the Chief Executive Officer or Chief Financial Officer. Each situation disclosed will be considered on its merits.

STANDARDS RELATED TO QUALITY OF CARE/CREDENTIALING

- Protect and promote the rights of all recipients receiving services from VCLC and employees.
- Ensure that the service recipient's care conforms to acceptable clinical and safety standards.
- Confirm and verify the appropriate credentialing and/or licensure of all employees and affected individuals consistent with applicable laws, rules and regulations and municipal contracts.

STANDARDS RELATING TO GUIDELINES FOR RECORDKEEPING

Employees are expected to maintain complete, accurate, and contemporaneous (timely) records as required by VCLC. The term "records" includes all documents, both written and electronic, that relate to the provision of VCLC services or provide support for the billing of VCLC services. Records must reflect the actual service provided.

Falsification of Records

- You must not make any false entries in any of the VCLC records or in any public record for any reason.
- You may not alter any permanent entries in the VCLC records. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document, and the reason for the alteration, if not apparent.
- You may not sign the name of another person to any document.
- Signature stamps may not be used.
- You may not create or participate in the creation of any records that are intended to mislead or to conceal anything that is improper.
- Backdating and predating documents is unacceptable.

STANDARDS RELATED TO CODING AND BILLING SERVICES

- Employees responsible for the documentation, charging, coding, billing, and accounting of services must comply with all applicable State and Federal regulations and VCLC policies and procedures.
- Employees who perform billing responsibilities must take reasonable precautions to confirm that their work is accurate, timely, and complies with all applicable laws, rules, and regulations.
- Employees, directors, officers, or anyone in the VCLC community shall not submit any claims for payment or reimbursement that is false, fraudulent, inaccurate, or fictitious.
- Only services identified in a child's IFSP/IEP shall be billed.

STANDARDS RELATING TO RECORD RETENTION AND ACCESS TO RECORDS

- VCLC and all affected individuals must comply with all applicable laws, rules, regulations, and requirements relating to the retention, disposal, or destruction of educational, personnel, therapeutic, and billing records.
- You may not destroy records pertaining to any legal action or government investigations or audit without written approval of the Compliance Officer.
- Access to confidential records is restricted, according to FERPA, to professional staff specifically involved in that child's educational care. Whenever a staff member uses a child's file, they must sign the Access to Records form in the front of the child's folder and Access to Records form in the Master Log. All folders must be returned to the locked files by 5:00 p.m. the same day.

STANDARDS RELATING TO BUSINESS PRACTICES

- Deal honestly and fairly with vendors, co-workers, management, and the public.
- Arrive to work on a timely basis.
- You may not punch in or out for another employee.
- Dress in a professional manner.
- Employees, director, officer or trustee may not be involved with gifts or benefits that are given or received to influence any business action and/or decision in a manner that violates the law or that would compromise VCLC's integrity or create the appearance that VCLC's integrity is compromised. Cash or cash equivalents may not be given or accepted under any circumstances. Only tokens of gifts, including imprinted pens or calendars and unsolicited gifts worth fifty ($50.00) dollars or less, may be accepted. If an employee receives a gift more than the above amount, the gift should be returned with an appropriate explanation. If a return is not practical, the employee receiving the gift must send a thank you letter explaining our policy and indicating that further gifts will not be accepted.

STANDARDS RELATING TO MANDATORY AND OTHER REPORTING

- VCLC encourages within our policies to notify and report any compliance concern or violation of laws, regulations, and VCLC policies and procedures.

STANDARDS RELATING TO CONFIDENTIALITY AND DATA SECURITY

- In compliance with Federal and State privacy laws, all Affected Individuals will keep children's, families', and employees' personal identifiable information confidential and secure in both print and electronic formats.
- Confidentiality of client records and parental access to such records are permitted only as directed in the current Family Education Rights and Privacy Act (FERPA).
- VCLC and all Affected Individuals adhere to the Health Insurance Portability and Accountability Act (HIPAA) and Article 27-F of the New York State Public Health Law which address privacy and security for medical and health records.
- Confidential information acquired by Affected Individuals regarding VCLC business must also be held in confidence and not used for personal gain, either directly or indirectly, or in any manner that violates applicable laws, rules, regulations or VCLC's policies and procedures.

STANDARDS RELATING TO GOVERNMENT INQUIRIES

- It is VCLC's policy to comply with applicable laws, rules, regulations, and requirements, and to cooperate with legitimate government investigations or inquiries.
- You must receive authorization in writing from the Compliance Director, chief financial officer, or chief executive officer before responding to any request to disclose VCLC's documents to any outside party.
- You may speak voluntarily with government agents, and VCLC will not attempt to obstruct such communication. It is recommended, however, that you contact the Compliance Officer before speaking with any government agents.

CONFIDENTIALITY

Purpose

The purpose of this policy is to delineate Variety Child Learning Center's (VCLC's) commitment to adhere to the Federal Family Education Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPPA), NYS Education Law Section 2-d, Early Intervention's Section 69-4.17, and VCLC's Standards of Conduct. Confidentiality is a concept that ensures privacy and protection against disclosure of personal information. The way privacy and confidentiality are respected is an important factor in establishing trust between our staff and our families and between VCLC and its staff. To work and plan together effectively, colleagues sometimes share sensitive information with staff with "a need to know". This material needs to be handled respectfully in a way that is relevant to planning and problem solving.

Scope

This policy applies to all Affected Individuals as defined in the Compliance Program Manual Section A and the clients who receive services from or attend programs at VCLC.

Definitions

Affected Individual means all persons who are affected by VCLC's "risk areas," including our employees, the chief executive officer and other senior administrators, managers, subcontractors, independent contractors, volunteers, and governing body (Board of Trustees). Affected Individuals are sometimes referred to in this Compliance Program Manual as "you."

Disclosure means to permit access to or the release, transfer, or other communication of personally identifiable information contained in education records by any means, including oral, written, or electronic means, to any party except the party identified as the party that provided or created the record.

Educational Records means those records that are: (1) Directly related to a student including medical records; and (2) Maintained by an educational agency or institution or by a party acting for the agency or institution.

Personally Identifiable Information (PII) are (1) The name of the child, the child's parent, or other family member; (2) The address of the child; (3) A personal identifier, such as the child's social security number or student number; or (4) A list of personal characteristics or other information that would make it possible to identify the child with reasonable certain. (5) Other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name; (6) Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty; or (7) Information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates.

Policy

Students/Clients

A. It is VCLC's policy that the confidentiality of student/client records and parental access to such record is permitted only as directed in FERPA, HIPPA, and NYCRR 200.2(b)(6) as currently amended. Federal and state laws protect the confidentiality of personally identifiable information (PII), and safeguards associated with industry standards and best practices, including but not limited to, encryption, firewalls, and password protection, must be in place when data is stored or transferred (See VCLC's Data Security Plan 7/2022). Affected Individuals, as defined in the Compliance Program Manual, must sign the acknowledgment page in the Confidentiality policy.

B. A student's PII cannot be sold or released for any commercial purposes.

C. Affected Individuals may have access to PII. Access to confidential verbal or written material or records is restricted, according to FERPA, to professional staff specifically involved in that child's care and education. Whenever an Affected Individual uses a child's file, they must sign the Access to Records form in the front of the child's folder and the Access to Records form in the Master Log.

D. Parents have the right to access, inspect, review, and request an amendment to the complete contents of their child's education record. See *Record Management, Retention, and Destruction Policy*.

E. In the Early Intervention Program, parents have the right to receive an explanation and interpretation of all material included in the child's record from the rendering provider.

F. Identifiable data, other information or records pertaining to individual students may not be disclosed by any employee of the school to any person other than the parent of the student except as directed in FERPA.

Disclosure

FERPA and NYS Ed Law 2-d allow VCLC to discuss and share educational records and PII without consent to:

1. school officials with legitimate educational interest, including the child's school district and the appropriate county department
2. specified officials for audit or evaluation purposes
3. comply with a judicial order or lawfully issued subpoenas
4. appropriate officials in cases of health and safety emergencies
5. a party with written consent from the parent or eligible student

G. Staff must be aware of being overheard and not discuss confidential information in hallways and around the building or outside of school premises. Discussing a child's situation outside of school, even without disclosing the name, is a very serious violation of school policy.

H. Sensitivity and restraint must be used when responding to parents who speak or ask questions about other children or families.

I. Affected Individuals, including independent contractors, who are specifically involved in the student's/client's care and education shall take confidential information from the central student files except when it is needed to provide services to the student. All confidential records must be kept in locked files. Staff log notes, and any identifying information that must be transported for IFSP/IEP meetings need to be transported in a closed envelope.

J. Records/any papers that have personally identifiable information must be disposed of by using a shredding machine.

K. Staff members may not take photos of the children for their personal use. Employees are not permitted to post information about a family/child or photos online, in blogs, websites or social networking sites, including but not limited to, Facebook, Instagram, Snapchat or chat rooms whether the information is positive or negative. This information is part of respect for confidentiality and a mandated responsibility as an employee of VCLC.

L. Staff members cannot share PII of children, families, and other staff with web-based software, databases, and sites using artificial intelligence (AI). All web-based AI platforms must be vetted for data privacy and security.

M. When information about a child/family is in records that include information about multiple children, only information pertaining to that child/family can be released. Personally identifiable information about others must be protected. Only information appropriate to a request should be released. Extraneous or sensitive information about the child and family should be protected through deletion of identifiable information about others.

N. <u>Article 27-F of the New York State Public Health Law</u>

Article 27-F strictly protects the confidentiality of information about the people who have HIV-Infection, or who have considered or undergone HIV testing. As such, the identity of any child with HIV infection cannot be disclosed to anyone without specific consent to the release of such protected information by the parent or legal guardian. This information may not be disclosed verbally or contained in any written records (e.g., evaluation, progress reports, etc.).

At VCLC, HIV-related information can only be disclosed if the parent signs the New York State Department of Health, **Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental**

Health Information) and Confidential HIV/AIDS Information, (NYS DOH Form 5032). This written disclosure prohibits the re-disclosure of confidential HIV information.

The consent for the disclosure of this confidential information can only be made by completion of the **Authorization for Release of Confidential HIV Related Information form.** This form must be fully completed by the parent or legal guardian and must include the following information:

- to whom disclosure can be authorized
- the reason consent for disclosure is given
- the period during which such consent will remain in effect
- the signature of the parent or legal guardian of the child
- the date signed

When consent for disclosure is given, information regarding the child will be forwarded to the specific individual identified on the consent form. In addition, a copy of the **Re-disclosure of Confidential Information (Article 27-F §2782(5)(b),** notifying the individuals that confidential information has been disclosed to them, must also be provided. Any unauthorized further disclosure (verbal or written) is in violation of New York State law and may result in a fine, jail sentence or both. It is important to note that general authorization for release of medical or other child-specific information is not sufficient authorization for the release of confidential HIV information.

Employees

A. Information concerning our budget, income, or expenditures, except as it may appear in the audit, or any material made public by VCLC.

B. Minutes or content of all meetings arranged by the CEO and/or CFO in which Affected Individuals participate in discussing the work and policies of VCLC.

C. Any information given to staff in writing or verbally which is designated as confidential.

D. Salaries or other personal data pertaining to individual staff members to which an employee has access to the nature of the work. This includes: all types of personnel material such as salary, evaluations, attendance records, data reported on application forms, references written or received by VCLC or other material relevant to employment.

E. VCLC adheres to the protections afforded to Affected Individuals from the HIPPA and Article 27-F of the New York State Public Health Law.

Clinical Candidates and Student Teachers

When an individual who is not employed by VCLC has permission from VCLC to complete task(s) for their professional licensure and/or certification requirements, a **Candidate Confidentiality and Non-Disclosure Agreement** must be completed.

Reporting Responsibility

Employees who have questions about this policy should immediately contact the coordinator/supervisor and/or compliance officer. All Affected Individuals are highly encouraged to report violations to this policy. Reports of concerns, and investigations pertaining thereto, shall be kept confidential to the extent possible (see Non-Retaliation and Non-Intimidation Policy, alias Whistleblower Policy), consistent with the need to conduct an adequate investigation (see Investigations and Implementing Corrective Action, including Discipline Policy).

Violations are extremely serious. They jeopardize the very structure of the educational and therapeutic efforts of VCLC and will be viewed as a major infraction. Disclosure of reports of concerns to individuals not involved in the investigation will be viewed as a serious disciplinary offense and may result in discipline, up to and including termination of employment. Such conduct may also give rise to other actions, including civil lawsuits (see Investigations and Implementing Corrective Action, including Discipline Policy).

Candidate Confidentiality and Non-Disclosure Agreement

I, _____ (name) understand and accept the following conditions regarding confidentiality and non-disclosure of confidential information while completing my clinical experience at Variety Child learning Center.

In the performance of my clinical experience, I will be given access to data and information the school has determined to be confidential. This includes student records and may also include records of faculty or staff, business information, correspondence and other material.

Confidential information may come in various forms and formats including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form, visual and verbal.

I am familiar with and understand the Family Educational Rights Privacy Act ("FERPA") and its application to student education records. I am also aware that in New York State, Education Law Section 2-d exceeds FERPA by requiring additional protections of student data as well as teacher and principal annual professional performance ("APPR") data.

I will not access confidential information, particularly student data, unless I am authorized by my school supervisor to do so, and I agree to maintain the confidentiality and privacy of confidential information, particularly student data, during and after my clinical experience. I shall not communicate verbally, in writing, by email or any other manner any confidential information to any third party including, my college supervisor as well as other colleagues, fellow students, friends and family members.

I am, or agree to become, familiar with the school's data privacy and security policies, the parents' bill of rights and FERPA policies.

I agree to attend any training on data privacy and security that the school may require.

_____ _____

(Candidate) (date)

Variety Child Learning Center _____

(date)

FALSE CLAIMS STATUTES AND WHISTLEBLOWER PROTECTIONS

Purpose

The purpose of this policy is to delineate Variety Child Learning Center's (VCLC's) commitment to adhere to all aspects of the False Claims Act including definitions of false claims.

Policy Overview

VCLC is committed to prompt, complete and accurate billing of all services provided to people receiving supports. VCLC and its employees, contractors and agents shall not make or submit any false or misleading entries on any bills or claim forms, and no employee, contractor or agent shall engage in any arrangement or participate in such an arrangement at the direction of another person, including any supervisor or manager, that results in such prohibited acts.

Further, it is the policy of VCLC to detect and prevent fraud, waste, and abuse in federal healthcare programs. This Policy pertains to the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194) and other New York State laws concerning false statements or claims and employee protections against retaliation. This policy also sets forth the procedures we have put into place to prevent any violations of Federal or New York State laws regarding fraud or abuse in its health care programs.

Scope

This Policy applies to all employees, including management, and all contractors and agents of VCLC.

Overview of Relevant Laws

I. Federal Laws

Federal False Claims Act (31 U.S.C. §§ 3729 – 3733):

Overview

The False Claims Act is one of the laws the United States Government uses to prevent and detect fraud, waste, and abuse in federal health care programs. The False Claims Act establishes liability for any person who "knowingly" submits a false claim either (1) directly to the United Sates Government or (2) to a contractor or grantee of the United States Government, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest. A violation of the False Claims Act can result in a civil penalty between $13,508 and $27,018 for each false claim submitted, plus up to three times the amount of the damages sustained by the Government due to the violations(s).

The False Claims Act defines "knowingly" to mean that a person:

- Has actual knowledge of the false claim;

- Acts in deliberate ignorance of the truth or falsity of the information; or
- Acts in reckless disregard of the truth or falsity of the information and no proof of specific intent to defraud is required. Specifically, the False Claims Act may be violated by the following acts:
    - Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval.
    - Knowingly making or using, or causing to be made or used, a false record or statement material to a false claim.
    - Conspiring to commit a violation of the False Claims Act.
    - Knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay money or transmit property to the Government or knowingly concealing or avoiding or decreasing an obligation to pay money or transmit property to the Government.

Applicability
Among other things, the False Claims Act applies to claims submitted for payment by federal health care programs, including Medicaid.

Examples
A few examples of actions that violate the False Claims Act include knowingly:
- Billing for services that were not actually rendered.
- Charging more than once for the same service.
- Billing for medically unnecessary services.
- Falsifying time records used to bill Medicaid.

Methods of Enforcement
The Government, or an individual citizen acting on behalf of the Government (a "relator"), can bring actions under the False Claims Act. If a relator brings an action under the False Claims Act, the Government has a period of time to investigate the allegations and decide whether to join the lawsuit. If the Government elects to join the lawsuit, the relator is entitled to 15-25% of any recovery. If the Government elects not to join the lawsuit, the relator may still proceed with the action and is entitled up to 30% of any recovery.

Employee Protection
The False Claims Act prohibits discrimination by VCLC against an employee, contractor, or agent for taking lawful actions in furtherance of an action under the False Claims Act. Under the False Claims Act, any employee, contractor, or agent who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee, contractor, or agent whole.

Federal Program Fraud Civil Remedies Act (31 USC Chapter 38. §§3801-3812):
The Program Fraud Civil Remedies Act of 1986 is a federal law that provides for administrative

recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. Violations of this law are investigated by the Department of Health and Human Services and monetary sanctions may be imposed in an administrative hearing setting. Monetary sanctions may include penalties of up to $11,803 per claim and damages of twice the amount of the original claim.

II. New York State Laws

New York State False Claims Act (State Finance Law §§187-194):

New York State False Claims Act closely tracts the Federal False Claims Act and its provisions are very similar. This Act provides that anyone who "knowingly" submits false claims to the Government is liable for damages up to three times the value of the amount falsely received plus mandatory penalties between $6,000 and $12,000 for each false claim submitted.

The False Claims Act defines "knowingly" to mean that a person:

- Has actual knowledge of the false claim.
- Acts in deliberate ignorance of the truth or falsity of the information.
- Acts in reckless disregard of the truth or falsity of the information.

The Government, or an individual citizen acting on behalf of the Government (a "relator"), can bring actions under the New York State False Claims Act. In addition, the New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

Social Service Law §145-b: False Statements

Under this section it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. In the event of a violation of this law, the local Social Services district or the State has a right to recover civil damages equal to three times the amount incorrectly paid. In the case of non-monetary false statements, the local Social Service district or State may recover three times the damages (or $5,000, whichever is greater) sustained by the government due to the violation. In addition, the Department of Health may impose a monetary penalty of up to $2,000 per violation. If repeat violations occur within 5 years, a penalty up to $7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

Social Service Law §145-c: Sanctions

Under this section, if any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, then the

person's, the person's family's needs shall not be taken into account for determining the needs of that person or those of their family: (1) for a period of 6 months if a first offense; (2) for a period of 12 months if a second offense, or upon an offense which resulted in the wrongful receipt of benefits in an amount of between $1000 and $3900 and (3) for a period of 18 months if a third offense or upon an offense which resulted in the wrongful receipt of benefits in excess of $3900 and five years for four or more offenses.

Social Service Law §145: Criminal Penalty
Under this section, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. That crime is punishable by fines and by imprisonment for up to one year.

Social Service Law § 366-b: Penalties for Fraudulent Practices
Under this section any person who, with intent to defraud, presents for payment any false or fraudulent claim for services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which they are legally entitled to shall be guilty of a Class A misdemeanor.

Penal Law Article 155: Larceny
Under this Article, the crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes, or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or similar behavior. This Article has been applied to Medicaid fraud cases. This crime is punishable by fines and imprisonment for up to twenty-five years based on degree of larceny.

Penal Law Article 175: False Written Statement
Under this Article, four crimes relating to falsifying business records or filing a false instrument have been applied in Medicaid fraud prosecutions. These crimes are punishable by fines and imprisonment for up to four years based on degree and class of crime.

Penal Law Article 176: Insurance Fraud
This Article establishes the crime of insurance fraud. A person commits such a crime when they intentionally file a health insurance claim, including Medicaid, knowing that it is false. This crime is punishable by fines and imprisonment for up to twenty-five years based on degree and class of crime.

Penal Law Article 177: Health Care Fraud
This Article establishes the crime of health care fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), they knowingly and willfully provide false information or omit material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which they are not entitled. Health care fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.

Procedure

General Principles

VCLC has an established compliance program in which the Compliance Officer is responsible for the day-to-day operation as documented in the Compliance Program Manual.

VCLC must provide training to all its employees regarding this Policy and will share this Policy with all contractors and agents.

Billing activities must be performed in a manner consistent with Medicaid and other payer regulations and requirements and in accordance with VCLC's documentation/billing policies. To assist in its efforts to detect and prevent fraud, waste, and abuse, VCLC conducts regular audit and monitoring procedures.

Reporting Responsibilities

Each trustee, officer, employee, and volunteer of VCLC has an obligation to report in accordance with the Non-Retaliation and Non-Intimidation, alias Whistleblower Policy, (a) questionable or improper accounting or auditing matters, and (b) actions and suspected actions that are illegal, fraudulent or in violation of the Compliance Program Manual. **Concerns should be brought to VCLC's Compliance Officer by calling 516-921-7171 ext. 2115 or calling anonymously to VCLC Compliance Hotline at 516-368-8306.**

VCLC will respond appropriately to violations of law, regulations, and its own Compliance Program Manual to protect the agency and to continue to improve our reputation as a reliable and trustworthy organization.

Non-Retaliation & Non-Intimidation

VCLC will not intimidate any employee into not reporting any compliance related concern to any government entity nor will it retaliate against any employee for taking any lawful action under the Federal False Claims Act (31 U.S.C § 3730(h)) and NYS False Claims Act (State Finance Law §191). Moreover, we will not retaliate against any employee, volunteer, contractor, or agent for reporting any potential compliance concern, as described in our Non-Retaliation and Non-Intimidation Policy, alias Whistleblower Policy.

No trustee, director, officer, or employee who in good faith reports a Concern shall be subject to intimidation, harassment, retaliation, or adverse employment consequences. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment under the New York Labor Law §740 and New York Labor Law §741. In adherence to the Whistleblower Policy, VCLC encourages and enables employees and others to raise serious concerns within VCLC prior to seeking resolution outside VCLC.

Personnel Manual and Contract Agreements

The tenets of this policy will be included in the personel manual and attached to all contracts with outside contractors or agents.

NON-RETALIATION AND NON-INTIMIDATION POLICY, ALIAS WHISTLEBLOWER POLICY

Purpose

The purpose of this policy is to encourage all employees, members of the board of trustees, and anyone in the VCLC community to report concerns about the occurrence of serious illegal, fraudulent or unethical actions within the organization ("Concerns"). "Concerns" are actual or suspected fraud, waste, abuse, other wrongful or unethical conduct, or violations of laws, including the Asbestos Hazard Emergency Response Act (AHERA), regulations, administrative guidance, or VCLC's Compliance Program, including the Standards of Conduct, policies, and procedures.

Scope

This policy applies to all Affected Individuals as defined in the Compliance Program Manual Section A.

Policy

Employees, trustees, and anyone in the VCLC community are protected from intimidation and retaliation for good faith participation in VCLC's Compliance Program, including but not limited to reporting Concerns, investigating issues, conducting self-evaluations, audits, and remedial actions, and reporting to appropriate officials. VCLC shall provide a copy of this Policy to Affected Individuals.

Reporting Responsibility

All Affected Individuals have an obligation to report in accordance with this Policy (a) questionable or improper accounting or auditing matters, and (b) actions and suspected actions that are illegal, fraudulent or in violation of the federal, state, and local laws and regulations, and VCLC's Standards of Conduct and the policies and procedures.

Authority of Audit and Finance Committee

All reported Concerns relating to improper accounting and/or auditing practices will be forwarded by the compliance director to the Audit and Finance Committee in accordance with the procedures set forth herein. The Audit and Finance Committee shall be responsible for investigating, and making appropriate recommendations to the Board of Trustees, with respect to all such Concerns.

Retaliation

VCLC prohibits any act of retribution, discrimination, harassment, retaliation, or intimidation against any employee, trustee member, or anyone in the VCLC community who, in good faith, participates in VCLC's Compliance Program activities, including, but not limited to:

- Reporting and responding to potential Concerns to appropriate personnel;

- Participating in investigation of, and investigating, potential Concern;
- Conducting or responding to audits, investigations, reviews, or compliance self-evaluations;
- Drafting, implementing, or monitoring remedial actions;
- Reporting compliance-related concerns to any government entity;
- Attending or performing compliance-related training;
- Reporting instances of intimidation or retaliation; or
- Otherwise assisting in any activity or proceeding regarding any Concern.

Good Faith Reporting

Anyone reporting a Concern must act in good faith and have reasonable grounds for believing the information disclosed indicates an improper accounting or auditing practice or a violation of regulations and/or the VCLC Compliance Program's Standards of Conduct and policies and procedures.

Bad Faith Reporting

The act of making allegations that prove to be unsubstantiated, and that prove to have been made maliciously, recklessly, or with the foreknowledge that the allegations are false, will be viewed as a serious disciplinary offense and may result in discipline, up to and including termination of employment or dismissal from the volunteer position. Such conduct may also give rise to other actions, including civil lawsuits.

Procedure

Reporting

A. Compliance Concerns

All Affected individuals may discuss their Concern with the compliance officer. Concerns may also be submitted anonymously on VCLC's Compliance Hotline #516-368-8306.

If the Concern is reported verbally to the compliance officer, the reporting individual, with assistance from the compliance officer, shall reduce the Concern to writing.

- When the Concern relates to improper accounting and auditing practices, the compliance officer is required to promptly report the Concern to the chairperson of the Audit and Finance Committee. If the compliance officer, for any reason, does not promptly forward the Concern to the Audit and Finance Committee, the reporting individual should directly report the Concern to the chairperson of the Audit and Finance Committee. Contact information for the chairperson of the Audit and Finance Committee is obtained through the Chief Financial Officer (CFO).

B. Potential Asbestos Violations

Besides reporting asbestos concerns to the compliance officer, Affected Individuals can report to the Occupational Safety and Health Administration (OSHA). To file a complaint, you can contact OSHA via:

- Telephone: 1-800-321-6742
- In-Person: visit www.osha.gov/contactus/bystate for address of OSHA office
- Website: www.osha.gov/whistleblower/WBComplaint

Responding of Compliance Concerns

Upon the detection of potential compliance risks and/or concerns, whether through reports received, or as a result of auditing and monitoring, the compliance officer and/or compliance committee member promptly investigates the conduct in question and determine what, if any, corrective action is required, and likewise promptly implement such corrective action (see *Investigations and Implementing Corrective Action, including Discipline*).

The compliance officer, in conjunction with members of either the Compliance Committee or of the Finance and Audit Committee, shall address all reported Concerns. A member of the committee notifies the sender and acknowledge receipt of the Concern within five business days, if possible. It will not be possible to acknowledge receipt of anonymously submitted Concerns.

The compliance officer and the Audit and Finance Committee has the authority to retain outside legal counsel, accountants, private investigators, or any other resource deemed necessary to conduct a full and complete investigation of theallegations.

Confidentiality

Reports of Concerns, and investigations pertaining thereto, shall be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Disclosure of reports of Concerns to individuals not involved in the investigation will be viewed as a serious disciplinary offense and may result in discipline, up to and including termination of employment. Such conduct may also give rise to other actions, including civil lawsuits.

CHILD ABUSE AND MALTREATMENT POLICY

POLICY

Variety Child Learning Center recognizes that children have the right to an educational setting that does not threaten their physical and emotional health and development. Child abuse by school personnel and school volunteers violates this right and therefore is strictly prohibited.

New York State recognizes that certain professionals are specially equipped to fulfill the important role of mandated reporter of child abuse or maltreatment. Mandated reporters are required to report suspected child abuse or maltreatment **when, in their professional capacity**, they are presented with **reasonable cause to suspect** child abuse or maltreatment.

Mandated Reporters are:

- Psychologist/School Psychologist
- Registered Nurse
- Social Worker
- School Official, which includes but is not limited to:
    - Teacher
    - Teacher Aide/Assistant
    - School Administrator
    - Speech and Language Pathologist
    - Occupational Therapist
    - Physical Therapist
    - All other school personnel required to hold a teaching or administrative license or certificate
- Day Care Center Worker
- Licensed Creative Arts Therapist
- Licensed Behavior Analysts
- Certified Behavior Analyst Assistants

This policy has 2 sections.

1. The first section addresses allegations of child abuse by a **parent or caregiver** of the child outside of the educational setting.

2. The second section addresses child abuse by an **employee or volunteer** in the educational setting.

SECTION I: CHILD ABUSE IN DOMESTIC SETTING

As per Social Services Law, Art. 6, Tit. 6, §413, mandated reporters must make the required verbal reports in a timely manner for any suspected child abuse and/or maltreatment by a child's parent/guardian, VCLC affiliate, and/or anyone who interacts with the child to the NY Statewide Central Register **Child Abuse and Maltreatment (SCR) Hotline Number at 1-800-635-1522 and to required agencies as per their program's regulations.**

APPLIES TO

Parents and guardians of children in the UPK, Center-based and SEIS programs, Stand-alone Preschool and School-age Related Services, the Early Intervention Program and Evaluations.

DEFINITIONS

Child abuse encompasses the most serious harms committed against children. An abused child is a child whose parent or other person legally responsible for his/her care inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury, or commits an act of sex abuse against the child. *Child abuse* is defined in Section 412 of the Social Services Law and at Section 1012 of the Family Court Act.

Maltreatment means a) that a child's physical, mental, or emotional condition has been impaired, or placed in imminent danger of impairment (i.e., insufficient food, clothing, shelter, education, supervision, medical care; excessive punishment; and/or misuse of alcohol or drugs), including neglect.

Neglect is defined in Section 1012 of the Family Court Act. Maltreatment is defined in Section 412 of the Social Services Law. Although the terms are not synonymous in the law, for the purposes of this policy, the terms neglect and maltreatment are used interchangeably.

Program means any one of the following: Early Intervention, Center-based and non-Center-based Preschool Special Education, School-Age Education, and Universal Pre-Kindergarten (UPK).

Reasonable cause/suspicion means based on your observations, professional training, and experience, you have suspicion that the parent/guardian or a staff member responsible for a child is harming (child abuse) that child or placing that child in imminent danger of harm (maltreatment).

Supervisor means department heads and education coordinators.

REPORTING REQUIREMENTS

VCLC will post the child abuse hotline telephone number and directions for accessing the Office of Children and Family Services (OCFS) website on its website and in clearly and highly visible areas of school buildings.

<u>Persons Required to Report</u>

All **mandated reporters** must make the report themselves and then immediately notify the building principal/designee or supervisor/designee. The building principal or supervisor will be responsible for all subsequent administration necessitated by the report.

Report Form

The "Report of Suspected Child Abuse or Maltreatment" Form LDSS-2221A may be accessed at the OCFS website.

Prohibition of Retaliatory Personnel Action

VCLC will not take any retaliatory personnel action against an employee because the employee believes that he or she has reasonable cause to suspect that a child is an abused or maltreated child and that employee makes a report to SCR. Further, no school official will impose any conditions, including prior approval or prior notification, upon any staff member specifically designated as a mandated reporter.

"**Retaliatory personnel action**" means the discharge, suspension, or demotion of an employee, or other adverse employment action taken against an employee in the terms and conditions of employment.

TRAINING

Mandated Reporter Training is provided to VCLC employees as per Social Service Law 413 mandates, including all day center workers, to educate staff how to identify signs of potential child abuse by parents/guardians and reporting it with reasonable cause to Statewide Central Register (SCR).

SECTION II: CHILD ABUSE IN THE EDUCATIONAL SETTING

Allegations of child abuse by school personnel and school volunteers shall be reported in accordance with the requirements of Article 23-B of the Education Law.

All employees of VCLC, including teachers and school officials, receive a written explanation pursuant to Education Law, Tit. 4, Art. 61, section 3028-b.

APPLIES TO

All preschool and school-age students in the UPK, Childcare, Center-based and SEIS programs, Stand-alone Related Services, and Evaluations.

DEFINITIONS

Child abuse means any of the following acts committed in an educational setting by an employee or volunteer against a child:

(a) intentionally or recklessly inflicting physical injury, serious physical injury or death, or

(b) intentionally or recklessly engaging in conduct which creates a substantial risk of such physical injury, serious physical injury or death, or

(c) any child sexual abuse or

(d) the commission or attempted commission against a child of the crime of disseminating indecent materials to minors pursuant to article two hundred thirty-five of the penal law, or

(e) using corporal punishment as defined by the commissioner.

Educational setting shall mean the building and grounds of a school, the vehicles provided directly or by contract by the school for the transportation of students to and from school buildings, field trips, co-curricular and extra-curricular activities both on and off school grounds, all co-curricular and extra-curricular activity sites, and any other location where direct contact between an employee or volunteer and a child has allegedly occurred.

Employee means any person who is receiving compensation from VCLC.

Law enforcement authorities mean a municipal police department, sheriff's department, the division of state police or any officer thereof.

Maltreatment means a) that a child's physical, mental, or emotional condition has been impaired, or placed in imminent danger of impairment (i.e., insufficient food, clothing, shelter, education, supervision, medical care; excessive punishment; and/or misuse of alcohol or drugs), including neglect.

Program means any one of the following: Early Intervention, Center-based and non-Center-based Preschool Special Education, School-Age Education, and Universal Pre-Kindergarten (UPK).

Reasonable cause/suspicion means based on your observations, professional training, and experience, you have suspicion that the parent/guardian or a staff member responsible for a child is harming (child abuse) that child or placing that child in imminent danger of harm (maltreatment).

Supervisor means department heads and education coordinators.

Volunteer means any person, other than an employee, who has direct student contact and provides services to a school.

RIGHTS OF EMPLOYEES AND VOLUNTEERS

Nothing in the law creates any authority to take adverse action against an employee or volunteer by virtue of a report of alleged child abuse in an educational setting which has not been substantiated.

Any employee or volunteer against whom an allegation of child abuse has been made and against whom the school intends to take adverse action shall be entitled to receive a copy of the report and to respond to the allegations.

INVESTIGATION

The determination of the investigation will be either that the report is unfounded or indicated. If the report is unfounded, you will receive written notification from the Office of Children and Family Services. If the report is indicated, you will receive written notification from the local CPS (or investigative agency). This notice will also inform you of any right to appeal the decision of the investigative agency to indicate the report.

IMMUNITY PROVISIONS

Any employee or volunteer who reasonably and in good faith makes a report of allegations of child abuse in an educational setting to a person and in a manner described in the law shall have immunity from civil liability which might otherwise result from such actions.

Any school administrator or CEO who reasonably and in good faith makes a report of allegations of child abuse in an educational setting, or reasonably and in good faith transmits such report to a person or agency and in a manner required by the law, shall have immunity from civil liability which might otherwise result from such actions.

The CEO who reasonably and in good faith reports to law enforcement officials' information regarding a resignation of an employee against whom an allegation has been made shall have immunity from any liability, civil or criminal, which might otherwise result by reason of such action.

CONFIDENTIALITY

All reports, photographs, and other written material submitted pursuant to this policy and Article 23-B of the Education Law shall be confidential and may not be redisclosed except to law enforcement authorities, including Child Protective Services, involved in investigating the alleged abuse or except as expressly authorized by law or pursuant to a court-ordered subpoena.

The principal, director of programs, and CEO shall exercise reasonable care to prevent unauthorized disclosure.

Willful disclosure of a written record required to be kept confidential to a person not authorized to receive or review such a record is a Class A misdemeanor.

PENALTIES

The willful failure of an employee to prepare and submit a written report at an allegation of child abuse in a public setting shall be a Class A misdemeanor.

The willful failure of a school administrator or CEO to submit a written report of child abuse to an appropriate law enforcement authority shall be a Class A misdemeanor; and shall also be punishable by a civil penalty not to exceed $5,000.00 upon an administrative determination by the Commissioner of Education.

The willful disclosure of a written record required to be kept confidential to a person not authorized to receive or review such a record is a Class A misdemeanor.

A violation of the prohibition against unreported resignations is a Class E felony; and shall also be punishable by a civil penalty not to exceed $20,000.00.

RECORD RETENTION

Any report of child abuse or maltreatment reports and related records by educational and childcare agencies to the State Central Register or to child protective services units of county social services departments must retain documents.

Child/Student Record

Any indicators of child abuse or maltreatment (completed Student Incident Report)
RETENTION: until child turns 21

Employee Record

a: For sexual offenses against a child as defined by the Child Victims Act:
RETENTION: 0 after child attains age 55

b: For all other offenses:
RETENTION: 3 years

Excluding sexual molestation or sexual harassment by an employee or volunteer that

- does not result in a criminal conviction shall be expunged from the records kept by VCLC with respect to the subject of the report after five (5) years from the date the report was made.
- does result in a criminal conviction shall be expunged from the records kept by VCLC with respect to the subject of the report after the child attains 55 years of age from date of conviction.

TRAINING

VCLC provides annual training, **Child Abuse in the Educational Setting**, to persons identified in 8-NYCRR 100.2, current and new teachers, school nurses, school psychologists, school social workers, school administrators, other personnel required to hold a teaching or administrative certificate or license (i.e., SBL, SDL, SDA, etc.), board of trustees members, licensed and registered physical therapists, licensed and registered occupational therapists, licensed and registered speech-language pathologists, teacher assistants and teacher aides.

Mandated Reporter Training is provided to VCLC employees as per Social Service Law 413 mandates, including all day center workers.

REPORTING REQUIREMENTS

Duties of employees and board members

In any case where an oral or written allegation of child abuse by an employee or volunteer in an educational setting is made to a teacher, school nurse, school psychologist, school social worker, school administrator, school trustee, or other school personnel required to hold a teaching or administrative license or certificate, such person shall follow the appropriate reporting procedure in addendums:

1. Addendum A: Center-Based Preschool and School-Age Programs and UPK in OCFS Regulated Sites
2. Addendum B: SEIS, Evaluations, Stand-Alone Related Services, and Early Intervention Programs AND the UPK Program in NON-OCFS Regulated Sites

Where an allegation of **child abuse by an employee or volunteer of a school other than a VCLC operated school (i.e., private nursery school)**, promptly forward the report to the Department Supervisor and CEO of VCLC and the chief school administrator of the other school/program.

In any case where the employee of the allegation is being made against is the CEO, Director of Programs or the principal, the report of such allegations shall be made to the Compliance Director.

Report Form

Use the "Report of Suspected Child Abuse or Maltreatment" Form LDSS-2221A, accessed at the OCFS website.

Additional Duties of CEO

When a CEO forwards to law enforcement a report of child abuse in an educational setting, the CEO shall also refer such report to the Commissioner of Education where the employee or volunteer holds a certificate or license issued by the Department of Education.

Where the superintendent or, in a school other than a school district or public school, the school administrator has forwarded a written report of child abuse in an educational setting to law enforcement authorities, he or she will also refer the report to the Commissioner if the employee or volunteer alleged to have committed an act of child abuse holds a certification or license issued by NYSED.

Ref:
Education Law §§1125-1133
Penal Law §§130, 235, 263
8 NYCRR §100.2 (hh) (Reporting of Child Abuse in an Educational Setting)
Appeal of S.S., 42 EDR 273 (2003)
Social Service Law Title 6
Family Court Act §1012

ADDENDUM A: CENTER-BASED PRESCHOOL AND SCHOOL-AGE PROGRAMS AND UPK IN OCFS REGULATED SITES

For Reasonable Cause of Suspected or Witnessed Incident of CHILD ABUSE OR MALTREATMENT

BY A VCLC HIRED EMPLOYEE, CONTRACTED EMPLOYEE OR VOLUNTEER:

Notify the principal or school building leader designee and the childcare director

A. **Call the** NY Statewide Central Register of Child Abuse and Maltreatment (SCR) New York State Child Abuse and Maltreatment **Hotline Number at 1-800- 635-1522**
   1. The CPS representative will ask for information found in the Report of Suspected Child Abuse or Maltreatment (LDSS-2221A) form
   2. **Submit** form to the Childcare Director, the Principal, the Compliance Director, or the Chief Executive Officer (CEO), in that order of availability
   3. The Childcare Director, the Principal, the Compliance Director, or the CEO, in that order of availability, **calls and reports** the incident to the **OCFS representative** at **(631) 240-2544**
      a. If the call reaches the OCFS representative's voicemail, leave a message and call the regional OCFS Supervisor at 631-240-2541 or the main LI OCFS Office at 631-240-2560
   4. **Upon determination of reasonable cause existing,** call the appropriate jurisdiction:
      a. **Nassau** County Police Department's Special Victims Squad at **516-573-8055**
      b. **Suffolk** County Police Department's Special Victims Squad at **631-852-6184**
   5. See and follow the Child Abuse and Maltreatment Safety Plan
   6. Use Student Incident Report **(SIR)** for additional witness accounts or investigations
   7. Promptly **provide the parent** with the Written Statement of Parental Rights, Addendum C
   8. **Submit copies** of reports to the Compliance Director or the CEO, in that order of availability
   9. The CEO **informs the school district's superintendent** of reported allegation
   10. The Compliance Director tracks the referrals to Child Protective Services (CPS) and follows up with appropriate staff, as needed

BY A PARENT OR GUARDIAN:

A. Notify the Principal or school building leader designee and the Childcare Director **and;**
B. Call the NY Statewide Central Register of Child Abuse and Maltreatment (SCR) New York State **Child Abuse and Maltreatment Hotline Number at 1-800- 635-1522**

1. The CPS representative will ask for information found in the Report of Suspected Child Abuse or Maltreatment (LDSS-2221A) form
2. **Submit** form to the Principal, the Director of Social Work, or the Chief Executive Officer (CEO), in that order of availability

CHILD ABUSE AND MALTREATMENT SAFETY PLAN
(modified from OCFS-6023 form, 2015)

Staff will make all efforts to ensure the safety of each child. Any incident of child abuse and/or maltreatment is reported to the Statewide Central Register (SCR) and appropriate regulatory agencies (see *Child Abuse, Maltreatment and Mandated Reporter Policy*)

The following procedure maximizes the safety of a child who is reported to the SCR, as well as other children provided care in the program:

☒ Take steps to keep the child, and other children in the program, from further harm (**required**).

☒ Obtain medical attention for the child if appropriate (**required**).

With regard to any staff or non-familial person who is the subject of a child abuse or maltreatment report involving a child while at the program, VCLC will take one or more of the following actions as listed in this safety plan and VCLC's *Investigations and Implementing Corrective Action, including Discipline Policy*:

- Increase supervision over a person who is the subject of a report. Any staff cleared by OCFS' standards for employment can supervise, including a teacher assistant and aide.

- Provision of instruction and/or remedial counseling to a person who is the subject of a report.
  - Childcare director and/or education supervisor meets with staff who are involved in the lack of supervision of children violation to
    - Debrief on the violation
    - Review Supervision of Children policy Supervision of Children.docx

- Appropriate disciplinary action, a performance improvement plan will be developed within 48 hours including
  - Provision of appropriate training and/or increased supervision of staff and/or volunteer pertinent to the prevention and remediation of child abuse and maltreatment.
    - All staff who are involved in the lack of supervision of children violation must complete OCFS Supervision of Children training within 48 hours of violation.
    - The staff cannot be alone with children unsupervised.

- Consider dismissal, suspension or transfer of any staff or volunteer or other person who is the subject of a child abuse or maltreatment report.

If VCLC receives notice from OCFS, Justice Center for the Protection of People with Special Needs' Staff Exclusion List (SEL), or New York City Personnel and Eligibility Tracking System (PETS) that a staff member has been flagged for violations, VCLC will follow the recommendation of such agency and alter the person's responsibility or suspend the person as necessary. VCLC cooperates with all regulatory agencies' investigations.

Any VCLC staff member who reports information in good faith is legally protected from any liability. They are immune from criminal or civil liability.

Any VCLC staff member who willfully fails to report any child abuse and/or maltreatment is subject to corrective action and discipline, up to termination.

Notify parent of alleged child abuse in the educational setting (employee or volunteer) and provide this policy.

ADDENDUM B: SEIS, EVALUATIONS, STAND-ALONE RELATED SERVICES, AND EARLY INTERVENTION PROGRAMS AND THE UPK PROGRAM IN NON-OCFS REGULATED SITES

For Reasonable Cause of Suspected or Witnessed Incident of CHILD ABUSE OR MALTREATMENT

BY A VCLC HIRED EMPLOYEE, CONTRACTED EMPLOYEE OR VOLUNTEER:
Notify the supervisor of the department

A. **Call the** NY Statewide Central Register of Child Abuse and Maltreatment (SCR) New York State Child Abuse and Maltreatment **Hotline Number at 1-800- 635-1522**
   1. The CPS representative will ask for information found in the Report of Suspected Child Abuse or Maltreatment (LDSS-2221A) form
   2. **Submit** form to the Department Supervisor/Principal, the Compliance Director, or the Chief Executive Officer (CEO), in that order of availability
   3. **Upon determination of reasonable cause existing,** call the appropriate jurisdiction:
      a. **Nassau** County Police Department's Special Victims Squad at **516-573-8055**
      b. **Suffolk** County Police Department's Special Victims Squad at **631-852-6184**
   4. For the **Early Intervention Program**, notify the **Ongoing Service Coordinator,** the **Early Intervention official designee**; and
      a. **Nassau** County DOH Director of the Early Intervention Program at 516-227-8648 (8:30AM-4:15PM), for after business hours call 516-227-8685
      b. **Suffolk** County DOH Director of the Early Intervention Program at 631-853-3100
   5. Use Student Incident Report **(SIR)** for additional witness accounts or investigations
   6. Promptly **provide the parent** with the Written Statement of Parental Rights, Addendum A
   7. **Submit copies** of reports to the Compliance Director or the CEO, in that order of availability
   8. The CEO **informs the school district's superintendent** of reported allegation
   9. The Compliance Director tracks the referrals to Child Protective Services (CPS) and follows up with appropriate staff, as needed

Where an allegation of **child abuse by an employee or volunteer of a school other than a VCLC operated school (i.e., private nursery school)**, promptly forward the report to the Department Supervisor and CEO of VCLC and the chief school administrator of the other school/program.

BY A PARENT OR GUARDIAN:

A. Notify the supervisor of the department **and;**

B. Call the NY Statewide Central Register of Child Abuse and Maltreatment (SCR) New York State **Child Abuse and Maltreatment Hotline Number at 1-800- 635-1522**
   1. The CPS representative will ask for information found in the Report of Suspected Child Abuse or Maltreatment (LDSS-2221A) form
   2. **Submit** form to the Department Supervisor/Principal or the Chief Executive Officer (CEO), in that order of availability

ADDENDUM C

WRITTEN STATEMENT OF PARENTAL RIGHTS

Parental Rights
There is an alleged report of child abuse and/or maltreatment involving your child. Your county Child Protective Services (CPS) office is required by law to notify you of the report in writing, including the allegations being investigated. You are entitled to a copy of the report and to respond to the allegations.

More information, including responsibilities and procedures when the parent is the alleged subject of the report, can be found here:

Education Law 23-B Reporting Requirements | New York State Education Department
https://www.nysed.gov/student-support-services/education-law-23-b-reporting-requirements

Home | Child Protective Services | OCFS
https://ocfs.ny.gov/programs/cps/

INVESTIGATIONS AND IMPLEMENTING CORRECTIVE ACTION, INCLUDING DISCIPLINE

Purpose

The purpose of this policy is to provide information on VCLC's investigative process into events of potential non-compliance, risk areas and corrective action, including discipline.

Scope

This policy applies to all employees, including management, contractors, agents, and trustees of VCLC and the clients who receive services or programs from VCLC.

Policy

VCLC has established and implemented procedures and systems for investigating potential compliance problems as identified in the course of the internal auditing and monitoring, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with State and Federal laws, rules and regulations, and requirements, including those of the Medicaid Program, and VCLC's Compliance Program. Corrective action may include discipline.

Procedure

Investigation

All compliance issues ("Concern"), however raised, must be brought to the attention of the compliance officer. If the compliance officer is unavailable, then the Concern must be brought to the attention of the human resources director, and as a final option, to the attention of the chief executive officer (CEO).

The compliance officer oversees internal investigations of compliance issues. Such investigations may be undertaken under the supervision and direction of outside counsel, as necessary and appropriate.

The compliance officer will develop a strategy for reviewing and examining the facts surrounding the possible violation, which may include, but not be limited to, an audit of billing practices and internal procedures, and interviews. Interviews should include the "Who, What, When, Where, and Why" of the circumstances. All interview notes and notes from the documents reviewed must be kept as part of the investigation file.

All Affected Individuals are expected to cooperate in any investigation.

Post-Investigation

Upon receipt of the results from the investigation, depending on the scope and severity of any identified violations, the compliance officer may consult with the CEO and/or the Compliance Committee to determine:

- The results of the investigation and the adequacy of recommendations for corrective actions
- The completeness, objectivity and adequacy of the results and findings, and/or
- Further actions to be taken as necessary and appropriate.

Documentation

At the conclusion of the investigation, the compliance officer will organize the information in a manner that enables VCLC to determine whether an infraction did, in fact, occur. The compliance officer will track the investigation and record the date when the matter has been investigated and/or fully resolved.

Reporting

The compliance officer will be responsible for reporting all investigations to the CEO. The CEO or the compliance officer may report all investigations to the Board of Directors or the Finance and Audit Committee of the Board, as appropriate.

If credible evidence is identified or there is a credible belief that a State or Federal law, rule or regulation has been violated, it is required that such violation is promptly reported to the appropriate governmental entity. The compliance officer shall receive copies of any reports submitted to governmental entities.

Corrective Action

Whenever a compliance issue is uncovered, regardless of the source, the compliance officer will ensure that prompt, thorough, appropriate and effective corrective action is implemented. In discharging this responsibility, the compliance officer may work in consultation with outside counsel and others, as appropriate, to correct the problem. All Affected Individuals are expected to assist in the resolution of compliance issues. Any corrective action and response implemented must be designed to ensure that the violation or problem does not recur (or to reduce the likelihood that it will recur) and must be based on an analysis of the root cause of the issue. In addition, the corrective action plan should include, whenever applicable, a review of the effectiveness of the corrective action following its implementation.

If such a review establishes that the corrective action plan has not been effective, then additional or new corrective actions must be implemented. Corrective actions may include, but are not limited to, the following:

- Informing and discussing with the offending personnel both the violation and how it may be avoided in the future;
- Providing remedial education (formal or informal) to ensure that there is an understanding of the applicable laws, rules, regulations and/or requirements;
- Conducting a follow-up review to ensure that the problem is not recurring;
- Having personnel go through a cycle or cycles of remedial education and/or focused audits;
- Imposing discipline, as set forth below;
- Modifying or improving VCLC's business practices; and/or
- Modifying or improving the Compliance Program to better ensure continuing compliance with applicable Federal and State laws, rules, regulations and/or contractual requirements.

If it appears that a larger, systemic problem may exist, then possible modification or improvement of VCLC's compliance, billing and/or other practices will be considered. Such action might include, in addition to that listed above, creating new procedures, or modifying existing procedures, to ensure that similar issues will not recur in the future. Possible changes or additions to procedures will be reviewed by the compliance officer and will be approved by VCLC.

The compliance officer will report to the CEO and, depending on the nature of the issue, the Board of Trustees regarding which corrective actions have been implemented and whether the compliance problem was corrected within a reasonable amount of time.

Discipline

All VCLC Affected Individuals are expected to adhere to the Standards of Conduct, the Compliance Program, and applicable VCLC's policies and procedures. If the compliance officer concludes, after an appropriate investigation, that there has been a violation, appropriate discipline may be imposed. Discipline may include, but is not necessarily limited to verbal warnings, written warnings, education, re-education, suspension and/or termination from employment and/or affiliation with VCLC, and/or other appropriate action. Disciplinary action will be taken, and will be fairly and consistently enforced regardless of the offending Affected Individual's level or position as appropriate for actions including, but not limited to, the following:

- failing to report suspected problems;
- authorizing or participating in non-compliant behavior;
- encouraging, directing, facilitating or permitting either actively or passively, non-compliant behavior;
- refusing to cooperate in the investigation of a potential violation;
- failure to assist in the resolution of compliance issues; and/or
- intimidating or retaliating against an individual for good faith reporting of a compliance violation or other good faith participation in the Compliance Program.

Disciplinary action shall be imposed on an escalating basis and shall consider a variety of factors. Such factors may include, but are not necessarily limited to: (1) the nature of the violation; (2) the time period affected; (3) the amount involved; (4) whether the violation was committed intentionally, recklessly, negligently, or mistakenly; (5) whether the individual has committed any other violations in the past; (6) whether the individual self-reported his or her misconduct; and/or (7) whether (and the extent to which) the individual cooperated in connection with the investigation of the misconduct. Intentional or reckless behavior shall be subject to more significant sanctions. VCLC holds the right or ability to impose more than one disciplinary sanction.

Any disciplinary and corrective action implemented shall be documented.

CODE OF ETHICS & CONFLICT OF INTEREST POLICY

Variety Child Learning Center ("VCLC") expects employees to demonstrate the highest standards of professionalism and ethical conduct, and to comply with all applicable laws including Not-for-Profit Corporation Law §715-A, 18 NYCRR SubPart 521-1, Article 89, and VCLC's Standards of Conduct.

This policy is intended to:

a. establish VCLC's Code of Ethics as it relates to the applicable laws in this policy.

b. increase awareness of potential Conflicts of Interest and Less-Than-Arm's Length (LTAL) transactions and establish a procedure for reporting them.

DEFINITIONS

Affected Individuals means all persons who are affected by VCLC's "risk areas," including our employees, the chief executive officer and other senior administrators, managers, subcontractors, independent contractors, volunteers, and governing body (Board of Trustees).

Affiliate of VCLC means any entity controlled by, in control of, or under common control with VCLC.

Related Party means (i) any Affected Individuals or any Affiliate of VCLC; (ii) any relative of Affected Individuals or any Affiliate of VCLC; or (iii) any entity in which any individual described in clauses (i) and (ii) has a thirty-five percent (35%) or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of five percent (5%).

Related Party Transaction means any transaction, agreement, or any other arrangement in which a Related Party has a financial interest and in which VCLC or any Affiliate of VCLC is a participant.

POLICY

Employees should always act in the best interest of VCLC and not permit outside interests to interfere with their job duties. The best way to handle conflicts of interests is to avoid them entirely.

All Affected Individuals and Affiliate of VCLC shall complete, sign, and submit to the compliance director of VCLC the Conflict of Interest and Less-Than-Arm's Length (LTAL) Disclosure Statement attached hereto.

A **Conflict of Interest** exists when a person or organization in a position of trust has a competing professional or personal interest thereby creating a circumstance where the person's or organization's judgment is improperly influenced. Conflicts of interest may arise in the relations of directors, officers, and management employees, family members, friends, and other employees, firms supplying goods and services or leased property and equipment.

A **Less-Than-Arm's Length** (LTAL) transaction occurs when one party to the transaction can exercise control or significantly influence the other. Such transactions include, but are not limited to, those between divisions of an organization; organizations under common control through common officers, directors, or members; and an organization and a director, trustee, officer, key employee of the institution or immediate family members, either directly or through corporations, trusts, or similar arrangements in which a controlling interest is held.

No Related Party of the Variety Child Learning Center (VCLC) shall enter into any Related Party Transaction unless the transaction is determined by the Board of Trustees (the "Board") or an authorized committee thereof to be fair, reasonable and in the best interest of VCLC and any affiliate of VCLC. Each Related Party shall disclose in good faith to

the Board or an authorized committee thereof the material facts concerning any interest in a Related Party Transaction. Any person that has a potential Conflict of Interest or LTAL relationship shall refrain from participation in any deliberation or voting on such potential Conflict of Interest and/or LTAL transaction.

If you have a question about whether a situation is a potential conflict of interest or LTAL transaction, please contact the Compliance Director at compliance@vclc.org or (516) 921-7171 ext. 2115.

In addition to the foregoing, each trustee, officer, and staff member shall refrain from obtaining any list of VCLC's clients for personal or private solicitation purposes.

Documentation Requirement

The existence and resolution of the conflict and/or LTAL transaction must be documented in VCLC's corporation's records, including in the minutes of any meeting at which the conflict and/or LTAL transaction was discussed or voted upon.

Reporting to Regulatory Agencies

Disclose all LTAL relationships and transactions in the Consolidated Fiscal Report (CFR) to NYSED.

List of Examples, not an exhaustive list, of Potential Conflict of Interests and LTAL Transactions

1. Nepotism is favoritism granted to relatives or friends regardless of merit. Cronyism is partiality to long-standing friends, especially by appointing them to positions of authority regardless of their qualifications. While nepotism and cronyism are detrimental, business relationships with relatives or friends do not necessarily result in cronyism or nepotism.

2. Favors and Gifts
   Employees should make business decisions in the best interests of VCLC. VCLC prohibits employees from seeking or accepting any gifts, favors, donations, entertainment, payment, or loans for themselves or their family members from any vendor, contractor or other party doing business with VCLC, except for gifts $50 or less.

   VCLC also prohibits employees from giving any gifts, donations, or favors to any client, vendor, contractor or other party doing business with VCLC without prior approval from a supervisor. Cash gifts should never be made.

3. Common related party transactions:
   - Services received or furnished (e.g., accounting, management, legal services and therapy/medical).
   - Purchase or subcontracting for the provision of a service, including health-related services (i.e., speech therapy, physical therapy, occupational therapy, etc.) as prescribed in a student's individualized education program (IEP).
   - Lease of real property or equipment.
   - Borrowings and lendings.

Reporting Procedure for Conflict of Interest and LTAL Disclosures and Ethical Misconduct

If you become aware of any potential conflict of interest, LTAL, or ethical concern regarding your employment or another employee at VCLC, you must promptly speak to, write, or otherwise contact your direct supervisor.

If the conduct involves your direct supervisor, promptly speak to, write, or otherwise contact the compliance director at compliance@vclc.org or (516) 921-7171 ext. 2115. You should be as detailed as possible. VCLC will investigate all

concerns related to this policy. VCLC will determine whether a conflict of interest and/or LTAL or violation of code of ethics exists and what action should be taken.

Handling of Conflict of Interest and LTAL Disclosures and Ethical Misconduct

The compliance director shall provide a copy of all completed Conflict of Interest statements to the chairperson of the Finance and Audit Committee, or, if there is no Finance and Audit Committee, to the chairperson of the Board of Trustees.

The chairperson of the Finance and Audit Committee and, if there is no Finance and Audit Committee, the chairperson of the Board of Trustees ("the Board") shall disclose any Related Party Transaction to the Board or an authorized committee thereof. The Board or an authorized committee thereof shall determine whether a conflict of interest exists.

If a governing member of VCLC discloses a conflict of interest or LTAL, they must recluse themselves from the meeting of such conflict or LTAL.

If the Board or an authorized committee thereof determines that no conflict of interest exists, the Board or an authorized committee thereof must document in writing the basis for its approval, including its consideration of alternative transactions. The existence andresolution of the conflict shall be documented in VCLC's records, including in the minutes of any meeting at which the conflict was discussed or voted upon.

Documentation of the existence and resolution of the conflict be documented in the corporation's records, including in the minutes of any meeting at which the conflict was discussed or voted upon.

No Retaliation

VCLC prohibits any form of discipline, reprisal, intimidation, or retaliation for reporting a potential conflict of interest and/or LTAL transaction or violation of this policy or cooperating in related investigations.

Violations

Violations of this policy may result in discipline, up to and including termination of employment. VCLC may consider an employee's job performance, prior violation of work rules, and other relevant circumstances in determining the appropriate corrective action (if any), including whether to counsel, warn, suspend, or discharge an employee.

CONFLICT OF INTEREST AND LESS-THAN-ARM'S LENGTH DISCLOSURE STATEMENT

1. Did **you**, in a private capacity, provide consulting, advisory or outreach services to an entity or persons outside the company that might, in your good faith judgment, present or appear to present a conflict of commitment with your company obligations (especially within the past twelve (12) months)? ☐ **Yes** ☐ **No**

2. Did any of your immediate family members have an employment, consulting, or other financial relationship with (especially within the past twelve (12) months):

a) A company that does business with VCLC? ☐ **Yes** ☐ **No**

b) An outside organization contributing gift funds to VCCL that are under your control or of direct benefit to your work activities? ☐ **Yes** ☐ **No**

3. Did you or any members of your immediate family, acquired "significant financial interests*" (especially within the past twelve (12) months):

a) That directly affect or reasonably appear to affect your work or company business; or

b) In entities whose financial interests directly or reasonably appear to affect your work or company business.

☐ **Yes** ☐ **No**

***Significant financial interests**: *Financial interests valued at thirty-five percent (35%) or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of five percent (5%) in excess of $5,000 or which equal or exceed 5% ownership (i.e., as the actual or beneficial owner of more than five percent (5%) of controlling interest), for any one enterprise or entity when aggregated for you and your immediate family.*

If you have answered "yes" to any of the above questions, please attach a statement identifying the entity or entities involved and a description of the relevant activities. Please describe any other relationships, commitments, or activities that you or any members of your immediate family have that might present or reasonably appear to present a financial conflict of interest in your employment with VCLC.

NOTE: This form must be updated and submitted to Human Resources within 60 days of any change in the status of financial interests (i.e. when financial interests in an entity increase to the $5,000/5% threshold) as well as provide an update annually.

CERTIFICATION

In signing and submitting this form, I certify that the above information is true to the best of my knowledge, and that I am in compliance, to the best of my knowledge, with federal law, state law and all company policies related to conflicts of interest and LTAL.

Signature: _____ **Date:** _____

POLICY ACKNOWLEDGEMENTS

I, _____, have participated in
(print your full name)

VCLC's trainings in the following areas and policies, and have received a copy of, read and understood, and will comply with VCLC's Compliance Program Manual, including:

- Compliance Program Manual, including Medicaid Compliance
- Reporting Requirements
- Standards of Conduct
- Confidentiality
- False Claims Statutes and Whistleblower Protections
- Non-Retaliation and Non-Intimidation (Whistleblower)
- Child Abuse, Maltreatment, and Mandated Reporter
- Investigations and Implementing Corrective Action, Including Discipline
- Code of Ethics and Conflict of Interest

Signature: _____ Date: _____