

SUBJECT:	Whistleblower Policy
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1.0	POLICY/PURPOSE	Classification:	Governance
2.0	APPLICABILITY	Policy#:	9120-0015
3.0	GENERAL INFORMATION	Effective Date:	April 6, 2021
4.0	PROCEDURE	Revised Date:	1/26/2022
5.0	REFERENCES		
6.0	ATTACHMENTS		
7.0	APPROVAL		

1.0 POLICY/PURPOSE

- 1.1 Center for Disability Services and St. Margaret’s Center (collectively, the “Organization”) are committed to honest, ethical and lawful conduct, and compliance with applicable laws, rules and regulations. In furtherance of these commitments, all current and former Directors, Officers, employees, interns, externs, contractors, and volunteers of the Organization (each, a “Covered Person” or “you”) must at all times act in accordance with applicable laws, rules and regulations, as well as with the policies of the Organization, and assist in ensuring that the Organization conducts its business and affairs accordingly.
- 1.2 This Whistleblower Policy (the “Policy”): (a) establishes procedures for the reporting and handling of concerns regarding action or suspected action taken by or within the Organization that is or may be illegal, fraudulent or in violation of any policy of the Organization, or poses a substantial and specific danger to the public health or safety, and/or other matter that could cause serious damage to the Organization’s reputation (each, a “Concern”), and (b) prohibits retaliation against any Covered Person who reports a Concern in good faith. By appropriately responding to Concerns, the Organization can better support an environment where compliance is valued and ensure that it is meeting its legal and ethical obligations.

2.0 APPLICABILITY

- 2.1 This policy applies to all Center for Disability Services, St. Margaret’s Center and Prospect Center employees and affiliates (hereinafter known as the Center or Organization).

3.0 GENERAL INFORMATION

- 3.1 You are encouraged to disclose to and seek guidance from an appropriate supervisor or manager if you reasonably believe any Covered Person, or other person associated or doing business, with the Organization has engaged, is engaging, or may engage in any illegal or unethical behavior, and/or has violated, or may violate any law, rule, regulation or policy of the Organization. Such reportable activity may include, for example: violation of any duly enacted federal, state or local statute, ordinance, executive order, rule or regulation promulgated pursuant to such statute, ordinance and/or executive order, and/or judicial or administrative decision, ruling or order; financial wrongdoing (including circumvention of internal controls or violation of the accounting policies of the Organization); fraud; harassment; civil rights

violations; unsafe work conditions; substandard care; or any other illegal, unethical, or prohibited conduct. While Concerns may be submitted at any time, you should report a Concern as soon as reasonably possible after becoming aware of the matter.

4.0 PROCEDURE

4.1 How to raise a concern:

4.1.1 Concerns may be submitted either in writing or orally. No specific form is required to submit a Concern, but you are encouraged to provide as much information and detail as possible so that the Concern can be properly investigated. A Concern may be submitted:

- To the administrator of this Policy, the Senior Director of Compliance (the “Policy Administrator”), directly at (518) 944-2129, or anonymously at (518) 437-5871;
- By discussing it with a supervisor, who will in turn forward the Concern to the Policy Administrator for review, where appropriate; or
- In writing to the Chairperson of the Governing Board of Directors (the “Board”), or the Chairperson of the Finance, Compliance and Audit Committee (the “Committee”), at 22 Corporate Woods Blvd., 5th Floor, Albany, NY 12211, Attn: Secretary of the Board of Directors, who will, in turn, forward the Concern to the Policy Administrator for review if appropriate.
- Concerns may be submitted anonymously; however, any individual reporting a Concern involving his or her own conduct shall not satisfy the obligation to disclose or otherwise receive protections for improper conduct by anonymously raising the Concern.

4.1.2 Any individual who is the subject of a Concern is prohibited from participating in any Board or Committee deliberations or voting in relation to the evaluation of such Concern in accordance with this Policy; provided, however, that the Board or Committee is not prohibited from requesting that such individual present information as background or answer questions as part of the investigation or at a meeting of the Board or Committee prior to the commencement of deliberations or voting relating thereto.

4.2 Procedures for receiving and reviewing concerns:

4.2.1 Any supervisor or other person receiving information that could reasonably be perceived as a Concern should contact the Policy Administrator (whose contact information is provided in Section III above), who will coordinate further action. The Policy Administrator will assess each Concern on a preliminary basis to determine whether an investigation into the Concern is required, and will direct all aspects of the investigation of any Concern. The Organization will use its best efforts to conduct the review in a confidential manner, so that information will be disclosed only as

needed to facilitate review of the investigation materials or otherwise as required by law. You must cooperate as necessary in connection with any such investigation. In the event a Concern involves or implicates the Policy Administrator, the Policy Administrator will promptly recuse himself or herself from the investigation and inform the Board or Committee in writing. The Board or Committee may investigate such Concern, or delegate the matter to an impartial third-party for investigation.

4.3 Records of concerns and investigation reports:

4.3.1 The Policy Administrator will maintain a written record of all Concerns, summarizing in reasonable detail for each Concern: (a) the nature of the Concern (including any specific allegations made and the persons involved); (b) the date of receipt of the Concern; (c) the current status of any investigation into the Concern and information about such investigation (including the steps taken in the investigation, any factual findings, and the recommendations for corrective action); and (d) any final resolution of the Concern. The Policy Administrator will distribute an update of this record to the Chairperson of the Governing Board or Chairperson of the Committee, as applicable, in advance of each regularly scheduled meeting thereof.

4.4 Confidentiality:

4.4.1 All Concerns received will be treated confidentially or anonymously, as applicable, to the extent reasonable and practicable under the circumstances.

4.5 No-retaliation:

4.5.1 It is the Organization's policy to encourage the communication of potential Concerns relating to the lawful and ethical conduct of the Organization's business. As such, a Covered Person shall not face retaliatory action for engaging in any of the following: (a) disclosing, or threatening to disclose to a supervisor or to a public body an activity, policy or practice of the Organization that the individual reasonably believes is in violation of law, rule or regulation or that the individual reasonably believes poses a substantial and specific danger to the public health or safety; (b) providing information to, or testifying before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practice by the Organization; or (c) objecting to, or refusing to participate in any such activity, policy or practice. Retaliatory action includes any adverse action taken by the Organization or its agent(s) to discharge, threaten, penalize, or in any other manner discriminate against any Covered Person exercising his or her rights under this section, including: (i) adverse employment actions or threats to take such adverse employment actions against an individual in the terms or conditions of the relationship including but not limited to discharge, suspension, or demotion; (ii) actions or threats to take such actions that would adversely impact an individual's current or future employment; or (iii) threatening to contact or contacting

United States immigration authorities or otherwise reporting or threatening to report an individual’s suspected citizenship or immigration status or the suspected citizenship or immigration status of an individual’s family or household member to a federal, state, or local agency. Any agent of the Organization who violates this prohibition against retaliation will be subject to appropriate disciplinary action, which may include termination of employment or other relationship with the Organization.

5.0 REFERENCES

- 5.1 New York Not-For-Profit Corporation Law § 715-B
- 5.2 New York Labor Law §§ 740 & 741
- 5.3 New York Finance Law § 191
- 5.4 New York Public Health Law § 12
- 5.5 10 NYCRR § 81.8
- 5.6 31 U.S.C. § 3730(h)

6.0 ATTACHMENTS

- 6.1 Compliance Hotline Policy
- 6.2 Reporting and Investigation of Compliance concerns
- 6.3 Conflict of Interest Policy
- 6.4 Non-retaliation/ Non-intimidation Policy

7.0 POLICY APPROVAL

Role	Name/ Title	Date Approved
Revision Author	Marc Antonucci, Esq.	1/26/2022
Department Approver	Board of Directors	1/26/2022
Review/ Formatting	Sarah Quist/ Compliance Officer	2/1/2024

Sanction Statement: Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement: As part of its ongoing auditing and monitoring process in its Compliance Program, Center for Disability Services will review this policy based on changes in the law or regulations, as Center for Disability Services’ practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Center for Disability Services’ Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement: Center for Disability Services will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.