



Far Northern Regional Center

Providing services and supports that allow persons with developmental disabilities to live productive and valued lives

Melissa Grubler
Executive Director
November 3, 2022

Far Northern Regional Center employee Katie Cavagna, in her Conflict Of Interest Reporting Statement on October 28, 2022, has disclosed a potential conflict under California Code of Regulations, Title 17, sections 54505, et seq. A copy of her 2022 Conflict of Interest Reporting Statement is attached.

Katie serves as FNRC's Service Coordinator in the Children's Unit. Katie disclosed her brother (Zachariah Thomas) whom is married to Gina Mascara (Sister-in law) is the Director at Connections, ABA whom is vendored with FNRC.

Katie will be transferred from the children's unit into another unit that only services adult clients who are not served by Connections, ABA.

FNRC has developed a resolution plan to avoid any potential conflict.

Conditions of this plan are:

1. Katie will not be assigned to work with any client who is served by Connections, ABA.
2. If one of the clients on her caseload requires services provided by Connections, ABA, she will notify her supervisor for further handling of reassignment.
3. Katie will not participate in the referral of any client needing services by Connections, ABA.
4. She will not promote Connections, ABA to other FNRC staff or clients.
5. She will not discuss regional center business activities or clients with her brother and sister-in law.
6. She will not access any files maintained by FNRC in regards to Connections, ABA.

Tamra Panther, Katie Cavagna's Supervisor, will oversee compliance of this plan.

Please look at the conditions of the plan, confirm it is factually correct, and let me know if you anticipate any problem with it.

Thank you for your assistance.

Sincerely,

Cristal Diaz
Human Resources Specialist II

Tamra Panther
Case Management Supervisor

Katie Cavagna
Service Coordinator

www.farnorthernrc.org



Conflict of Interest Reporting Statement and Attestation

Employee Name:	Katie Cavagna	Employer:	Far Northern Regional Center
Job Title:	SERVICE COORDINATOR	Division:	Case Management South
Employee ID:	FNR-100004	Unit:	CM Unit 170
Action ID:	5400	Location:	Chico
Submitter Name:	Katie Cavagna	Pay Step:	Step 2
Manager:	Zachariah M Aston	Cost Center:	Case Management
Effective Date: *	10/28/2022	Initiated Date:	10/28/2022 3:05 PM

Submitter Comments:
0 of 5000 max chars

* = Required, + = Not Blankable

CURRENT VALUE NEW VALUE

CONFLICT OF INTEREST REPORTING STATEMENT DS 6016 (Rev. 08/2013)

The duties and responsibilities of your position with the regional center require you to file this Conflict of Interest Reporting Statement. The purpose of this statement is to assist you, the regional center and the Department of Developmental Services (DDS) to identify any relationships, positions or circumstances involving you which may create a conflict of interest between your regional center duties and obligations, and any other financial interests and/or relationships that you may have. In order to be comprehensive, this reporting statement requires you to provide information with respect to your financial interests.

A "conflict of interest" generally exists if you have one or more personal, business, or financial interests, or relationships that would cause a reasonable person with knowledge of the relevant facts to question your impartiality with respect to your regional center duties. The specific circumstances and relationships which create a conflict of interest are set forth in the California Code of Regulations, title 17, sections 54500 through 54530. You should review these provisions to understand the specific financial interests and relationships that can create a conflict of interest.

Please answer the following questions to the best of your knowledge. If you find a question requires further explanation and/or there is not enough space to thoroughly answer the question, please attach as many additional sheets as necessary, and refer to the question number next to your answer. If the regional center identifies a conflict involving you, it will be required to prepare a conflict resolution plan. Some relevant definitions have been provided in the footnotes to assist you in responding to this statement.

Regional Center employees are required to file this Reporting Statement within 30 days of beginning employment with the regional center or from the date they are appointed to the regional center board or advisory committee board. Employees are then required to file an annual Reporting Statement by August 1st of every year while they remain employed with the regional center or while they are a member of the regional center board or advisory committee board. Employees must also file a Reporting Statement within 30 days of any change in their status that could result in a conflict of interest.

Circumstances that can constitute a change in status that can require filing an updated Reporting Statement are described below in footnote one.

A. INFORMATION OF REPORTING INDIVIDUAL

Refer to above HEADER for Name of Employee: Regional Center: FAR NORTHERN REGIONAL CENTER

Reporting Status: Change in Status ▼

If Change in Status, date and circumstance of status change:

Enter Here:

I read CA Code of Regs and determined that I was incorrect in assuming that my brother's wife is not my "relative", as my brother's wife is considered my "Sister-in-law", which is defined as a "relative" under CA Code; despite the fact that I do not consider her a relative. I was not aware that she was a relative under these terms. I am now aware of this and wish to report a change in status.

1. Please list the your job title and describe your duties at the regional center.

Enter Here:

Service Coordinator: Assists Far Northern Regional Center clients in accessing and utilizing social and community supports in order to meet their goals and objectives.

2. Do you or a family member² work for any entity or organization that is a regional center provider or contractor?

* Select Yes or No:

Yes ▼

If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local entity, provide the specific name of the state or local entity and describe your job duties at the state or local entity.

Enter Here:

Connections, ABA: Provides developmental support to children 0-5 years old. Estranged family member works for this agency.

3. Do you or a family member own or hold a position³ in an entity or organization that is a regional center provider or contractor?

* Select Yes or No:

Yes ▼

If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.

Enter Here:

Connections, ABA: Provides developmental support to children 0-5 years old. Estranged family member works for this agency.

4. Are you a regional center advisory committee board member?

* Select Yes or No:

No ▼

If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers?

Select Yes or No:

▼

If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.

Enter Here:

5. If you are a regional center advisory committee board member and answered yes to all the questions in Question 4 above, do any of the following apply to you: (a) are you an officer of the regional center board; (b) do you vote on purchasing services from a regional center provider; or (c) do you vote on matters where you might have a financial interest?

Select Yes or No:

No ▼

If yes, please explain.

Enter Here:

6. Do any of the decisions you make when performing your job duties with the regional center have the potential to financially benefit you or a family member⁴

* Select Yes or No:

Yes ▼

If yes, please explain.

Enter Here:

For example, I chose to make referrals to Connections, ABA, and they provide services to a FNRC client, Connections will receive payments for their services.

7. In your position are you responsible for negotiating, making,⁵ executing or approving contracts on behalf of the regional center?

* Select Yes Or No: No ▾

If yes, please explain.

Enter Here:

8. Do you have a financial interest in any contract⁶ with the regional center?

* Select Yes or No: No ▾

If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center?

Select Yes or No: No ▾

If yes, please explain.

Enter Here:

9. Do any of your family members have a financial interest in any contract with the regional center?

* Select Yes or No: Yes ▾

If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center?

Select Yes or No: No ▾

If yes, please explain

Enter Here:

Connections, ABA: Provides developmental support to children 0-5 years old. An estranged family member works for and receives payroll payments from this agency.

10. Does your position require you to evaluate employment applications or contract bids that are submitted by your family member(s)?

* Select Yes or No: No ▾

If yes, please explain.

Enter Here:

11. Your job duties will require you to act in the best interests of the regional center and regional center consumers. Do you have any circumstances or other financial interests not already discussed above that would prevent you from acting in the best interests of the regional center or its consumers?

* Select Yes or No: No ▾

If yes, please explain.

Enter Here:

¹Change of status includes reporting a previously unreported activity that should have been reported, change in the

circumstance of a previously reported activity, change in financial interest, familial relationship, legal commitment, change in regional center position or duties, or change to outside position or duties. See California Code of Regulations, title 17, sections 54531(d) and 54532(d).

² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, and in-laws. See California Code of Regulations, title 17, sections 54505(f).

³ For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee, or shareholder of an entity or organization that is a regional center provider or contractor. For a specific description of positions that create a conflict of interest in a regional center provider or contractor see the California Code of Regulations, title 17, sections 54520 and 54526.

⁴ Generally, a decision can financially benefit you or a family member if the decision can either directly or indirectly cause you or a family member to receive a financial gain or avoid a financial loss. For a specific description of the types of decisions that can result in a financial benefit to you or a family member see the California Code of Regulations, title 17, sections 54522 and 54527.

⁵ California Code of Regulations, title 17, sections 54523(b)(2) and 54528(b)(2) describes the types of conduct which constitute involvement in the making of a contract.

⁶ For purposes of questions 8 and 9, a financial interest in a contract generally means any direct or indirect interest in a contract that can cause you or a family member to receive any sort of financial gain or avoid any sort of financial loss irrespective of the dollar amount. California Code of Regulations, title 17, sections 54523 and 54528 define when financial interests in a contract will occur.

B. ATTESTATION

The Employee named in the above Header does HEREBY CONFIRM that I have read and understand the regional center's Conflict of Interest Policy and that my responses to the questions in this Conflict of Interest Reporting Statement are complete, true, and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this statement is not accurate or that I have not complied with the regional center's Conflict of Interest Policy or the applicable conflict of interest laws, I will notify the regional center's designated individual immediately. I understand that knowingly providing false information on this Conflict of Interest Reporting Statement shall subject me to a civil penalty in an amount up to fifty thousand dollars (\$50,000) pursuant to Welfare and Institutions Code section 4626.

Employee Signature:

Employee Signature Instructions

Please sign this form by entering your name in to the signature block, the last 4 of your SSN, and today's date.

Employee Signature:

Katie Cavagna

Last 4 digits SSN:

X068XX

* Employee Signature Date:

10/28/2022

HR Use Only!:

The reporting individual

does:

does not:

present:

potential conflict of interest:

Human Resources Signature: Cristal D

Date: 10/29/2022

ROUTING

 HR
(Jensen, Kelly Danielle)
Diaz, Cristal
(Delegate Approver)

Timestamp: 10/28/2022 3:09 PM
Comments: The reporting individual does present a potential conflict of interest.

8000 chars

71 /

[Approve](#) [Disapprove](#) [Return to:](#) Initiator

Auditor Comments:

State California - Health and Human Services Agency
Department of Developmental Services