REGULATORY COMPLIANCE COMMITTEE

Michele Smith, Chair; Sean Barry; Mary Beer; Lindsey Burgess; Mary Burnett; Art James; Bob Kramer; Jessica Mitchell; Emily Phillips; Lorrie Scarrott; Supervisor Dom Vedora; Brian Young

Monday, August 23, 2021
1:30PM –2:30PM

via WebEx
Call 1-408-418-9388
Meeting Number (Access Code): 179 935 5784
Meeting Password: isCq68zMUs5

1. Call to Order

2. Review and Approve April 26, 2021 Minutes

3. Compliance Complaints
   - See attached compliance complaint log.

4. Reports on Audits. Michele Smith
   - District Attorney – NYS OVS desk audit of Victim Assistance Program grant and Case Manager grant
   - Probation Dept. – NYSIF audit of Community Service Program

5. Audit Update. Mary Burnett

6. Work Plan Updates

7. Compliance Self-Assessment Tool—Section 5-8

8. Roundtable

2021 Meeting Schedule
October 25, 2021

Minutes
Regulatory Compliance Committee
April 26, 2021

Committee Members:

Sean Barry	Jessica Mitchell
Mary Beer	Emily Phillips
Lindsey Burgess	Lorrie Scarrott
Mary Burnett	Michele Smith
Art James	Dominick Vedora
Robert Kramer	Brian Young

Members Present:

Michele Smith, Mary Beer, Mary Burnett, Art James, Robert Kramer, Jessica Mitchell, Emily Phillips, Dominick Vedora and Brian Young.

Call to Order:

Michele Smith called the meeting to order at 1:30 p.m. Sean Barry, Lindsey Burgess, and Lorrie Scarrott were necessarily absent.

Minutes:

Minutes from the January 25, 2021 Regulatory Compliance Committee Meeting were approved by consensus.

Compliance Complaints:

Michele Smith went over the Compliance Complaint Log with the Committee.

There are two new compliance complaints:

A complaint was received at the end of 2020 through the compliance hotline that claimed an incidence of sexual harassment happened at the Ontario County Jail and it was not handled properly. This complaint is currently being investigated.

A second complaint happened when an employee disclosed that a member of the Police Reform Committee had applied to work at the Sheriff's department, but the candidate had failed the psychological exam. The matter was referred to the County Attorney's Office to determine if a HIPAA violation occurred. It was determined the information was not protected under the provisions of HIPAA and is therefore considered non-reportable.

Reports on Audits:

Michele Smith provided a copy of the letter received from the New York State Department of Transportation stating the civil rights compliance review was completed and is in compliance with all applicable Federal regulations mandated for a Civil Rights Program.

Michele also received a new notice of an audit taking place in the District Attorney's Office by the New York State Office of Victim Services.

DRAFT MINUTES

	Minutes **Regulatory Compliance Committee** **April 26, 2021**	**Committee Members:** **Sean Barry** — **Jessica Mitchell** **Mary Beer** — **Emily Phillips** **Lindsey Burgess** — **Lorrie Scarrott** **Mary Burnett** — **Michele Smith** **Art James** — **Dominick Vedora** **Robert Kramer** — **Brian Young**

Audit Update:

Mary Burnett provided an updated audit schedule starting in June to the end of the year.

Work Plan Updates:

3.1 Michele Smith prepared a revised Vehicle Use Policy and it has been given to Bill Wright for his review. Art James suggested sending the policy to Lea Nacca and Mike Reinhardt for their review.

6.4 HIPAA audit is in progress per Sean Barry's email.

Self-Assessment Tool 1-4 Updates:

Michele Smith went through Sections 1-4 on the Self-Assessment Tool.

3.1 Replace "We-Comply" to "third-party vendor".

Round Table:

Emily Phillips informed the Committee that the workplace compliance posters have been added to the Ontario County Intranet under Human Resources.

With no further discussion, Michele Smith adjourned the meeting at 1:56 p.m.

Respectively submitted,

Emily Marshall, Secretary I

NUMBER	Date Received	Complainant (If Known)	…against	Summary of Complaint	Notes on Investigation	Issue resolved/Closed	Reportable/ Non-reportable
#8-2020	12/30/2020	Anonymous	[redacted]	Hotline call claiming sexual harassment by a male Correction Officer against three female Correction Officers was not properly investigated or reported to HR.	Currently under investigation by outside Investigator.		
#1-2021	1/29/2021	[redacted]	[redacted]	Employee disclosed that a member on the Police Reform Committee had applied to work in the Sheriff's office and failed the psychological exam	Referred to the County Attorney's office for Barry McFadden to determine if a HIPAA violation. Information obtained in Employer capacity and not in the provision of health care so HIPAA not applicable	Closed 2/11/2021. Complainant notified	Non-reportable
#2-2021	5/4/2021	Anonymous	Ontario County Jail	Hotline call claiming a Correction Officer defaced an inmate's personal property and the County is refusing to reimburse the inmate. The event was caught on camera.	Referred to the Sheriff's Office to investigate		
#3-2021	6/29/2021	Anonymous	Social Services	Hotline call regarding unvaccinated DSS employees not wearing a mask.	Investigation being conducted by Sherman Manachester	Closed 7/6/2021. Founded.	Non-reportable
#4-2021	7/21/2021	[redacted]	No Intentional action	IT retrieved faxed documents from IT printer that were meant to be sent to Public Health and appeared to contain PHI	Falls within breach exception.	Closed with Note to File 7/22/2021.	HIPAA Non-reportable

Internal Reviews/Monitoring																										
Aug-21																										
	Jan		Feb		Mar		Apr		May		Jun		July		Aug		Sep		Oct		Nov		Dec			
Petty Cash													X			IP					X					
Commissary Bank Accnt																	X									
Pre-School															X	IP										
Early Intervention																					X					
Mental Health															X	IP										
Health Insurance Billing																			X							
Cell Phone Stipened																	X									
Fixed Asset Physical Inv																			x							
Exlusion Screening																	X									
Form 1099 preparation	X			CMP																			X			
Purchasing Card Rvw	Monthly																									IP
Other Items:																										
Munis Implementation 2021 Upgrade In Process																										**IP**
Civil Unit/Monitor Bank Recon	Monthly																									IP
CMP= Complete																										
IP = In process																										
NS= Not started																										
x= scheduled																										
PND= Pending																										
HLD=Hold																										

Regulatory Compliance Work Plan
(Updated 4/26/21)

Item #	GOAL	ITEM	RESPONSIBLE PARTIES	STATUS	ENTRY DATE	DUE DATE	DATE COMPLETED
1.0	**Regulatory Compliance Plan - (review for consistency with current policies and procedures):**						
1.1		Compliance Self Assessment tool - Section 1-4 reviewed	Compliance Committee		Annual	April 2021 Meeting	4/26/2021
1.2		Compliance Self Assessment tool - Section 5-8 reviewed	Compliance Committee		Annual	July 2021 Meeting	
2.0	**Review, update & implement the Regulatory Compliance Policies:**						
2.1		Internal Audit & Monitoring	Compliance Committee	Completed in accordance to the audit schedule.			
2.2		External Audit--Munis Access Rights	Compliance Committee			Late 2021	
3.0	**Ongoing review of existing County policies:**						
3.1		Review County policies by exception and as needed	Smith	Ongoing			
3.3		Employee bulletin board postings compliance	Phillips	Ongoing		1st Qtr	
3.6		Information Security Policy Update	Barry / James	Ongoing			
4.0	**Develop & implement 2021 compliance training plans:**						
4.1		Update current compliance training modules as needed-2021 (separate from municipalities)	Smith / Phillips / James			3rd Qtr	
4.2		Deliver existing training modules-2021: Preventing Discrimination & Harassment Workplace Violence Whistleblowing and Compliance HazCom/Right to Know Computer Security Awareness/Approproriate Use HIPAA Training for Healthcare Component Depts	Phillips	Roll out begins of with 1st training coming out during the 2nd Quarter of the year. Then send out remaining trainings thereafter.	Annual	Roll out 2nd Quarter	
4.3		Determine whether additional modules are required by new laws	Smith / Phillips / James				
4.5		Compliance Bootcamp	Compliance Committee	Michele Smith, Lorrie Scarrott, and Mary Burnett are registered.	Annual	2nd Qtr	
4.6		Annual School Supportive Health Services Program (SSHSP) Training	Smith			As Offered	
4.7		Annual Compliance Program Development Series w/ Bonadio	Compliance Committee		Annual	4th Qtr	
4.8		County Contract Training	James		Annual	Fall 2021	
5.0	**Implement the Identity Theft Prevention Policy & Plan:**						
5.1		Assess & recommend equipment needs (e.g. shredding).	Smith / James / Barry	As needed			

Regulatory Compliance Work Plan
(Updated 4/26/21)

Item #	GOAL	ITEM	RESPONSIBLE PARTIES	STATUS	ENTRY DATE	DUE DATE	DATE COMPLETED
6.0	**Continue to develop internal monitoring plans:**						
6.1		Refer to audit schedule	Burnett	Ongoing			
6.2		Annual SunGuard Access rights authorization	Burnett	Ongoing			
6.3		HIPAA Audit-Privacy	James	Ongoing			
6.4		HIPAA Audit-Security	Barry	Started 1/1/21			
7.0	**Process Medicaid Exclusion Screening**						
7.1		Discuss contractor and employee screening issues.	Smith / Barry / Gates	Re: Methods to screen all employees and contractors: check with I.S. & current software contractor.		In process	
8.0	**Report annually to the Board**						
8.1			Smith / Vedora	Present to GO, then BOS	Annual	Q1 -2022	
9	**Information Technology security update:**						
9.1		ID Card Security	Barry	Ongoing			
9.3		IT Security Awareness Training & Phishing Tests	Barry	Ongoing			
10	**Compliance Officer Promotion:**						
10.1		Brochure Distribution to new employees	HR	Ongoing			
10.2		Key Events	Smith	Ongoing	Quarterly		
10.3		Commissioner Update	Smith	Ongoing			
10.4		Compliance Overview at Staff Meetings	Smith	Open			
10.5		DSS Display Case	Smith / Kramer	Ongoing			
11	**Needed components for Title VI:**						
11.8		ADA Evaluations	Smith / Nacca	Ongoing Monitoring			
11.9		NYSDOT Title VI Requirements	Smith	Submitted 12/2020			

COMPLIANCE PROGRAM SELF-ASSESSMENT FORM

INSTRUCTIONS

1. When completing the “Meets Requirement” column, identify whether the Provider’s compliance program is meeting or not meeting the requirement, and indicate “Yes” or “No” respectively.

2. When completing the “Evidence of Compliance” column in the chart on the following pages, all responses should include specific citations to the documents as well as text that provide evidence that your response meets the requirement. Include all of the following:
   a. document name
   b. page number
   c. section / paragraph of the text that supports your response

   Listing only the document that provides the evidence is not sufficient.

   If the Provider is not meeting the requirement, indicate “No”, and use the “Evidence of Compliance” column to set out Provider’s plan of correction and completion milestones.

3. In selected areas of the “Evidence of Compliance” column, suggestions and specific information for what the Provider can consider when assessing whether Provider is meeting the requirement are noted in italics, as well as specific information to be considered in assessing the item. The Provider’s response should be to the requirement and not solely to the suggestion.

4. Providers are encouraged to add questions to the form to address specific compliance program issues that they may face. It is not recommended that Providers remove questions from this form.

Do not send the completed Compliance Program Self-Assessment Form to OMIG unless specifically requested by OMIG.

COMPLIANCE PROGRAM SELF-ASSESSMENT FORM

Name of Medicaid Provider: _

Medicaid Provider IDS(s) #: _

Federal Employee Identification Numbers

(FEIN) associated with Medicaid billings: _

Person Completing Assessment: _

Title of Person Completing Assessment: _

Date Assessment Completed:

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	**No**	
	Element 1: Written policies and procedures			
1.1	Do you have written policies and procedures in effect that describe compliance expectations as embodied in a code of conduct or code of ethics?	Yes		Code of Ethics http://www.co.ontario.ny.us/DocumentCenter/View/9826 Compliance Plan: http://www.co.ontario.ny.us/DocumentCenter/View/236
1.2	Do you have written policies and procedures in effect that implement the operation of the compliance program?	Yes		Compliance Plan: http://www.co.ontario.ny.us/DocumentCenter/View/236

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	No	
1.3	Do you have written policies and procedures in effect that provide guidance on dealing with potential compliance issues for all of the following groups: a. employees; and b. others?	Yes		*"Others" for purposes of this requirement should be defined to include all those individuals that are not employees that are subject to the Compliance Program. This includes, but may not be limited to: executives, governing body members, appointees, and persons associated with the provider.* Compliance Plan: http://www.co.ontario.ny.us/DocumentCenter/View/236

Element 2: Designate an employee vested with responsibility

2.1	Has a designated employee been vested with responsibility for the day-to-day operation of the compliance program?	Yes		*Identify the designated employee, and include evidence to support that the person has been vested with responsibility.* Michele Smith, Compliance Officer, by Board Resolution # 762-2017, adopted 12/22/17
2.2	Are the designated employee's (referred to in 2.1) duties related solely to compliance?		No	*Include a job description for all duties of the designated employee.* The Compliance Officer is also the Director of Human Resources. A Dual Duties Policy is in place to ensure compliance procedures are met and fulfilled efficiently and effectively according to the compliance plan. The CO shall be responsible for the day-to-day operation of the County's compliance program. Responsibilities of the CO shall include: (a) primary facilitation of the Compliance Committee; (b) oversight of the monitoring of County-wide compliance with this Plan; (c) oversight of the development and execution of the annual Compliance Work Plan and annual Report Card of compliance activities; (d) recommending periodic amendments to this Plan to the Board of Supervisors as appropriate; (e) ensuring the publication of this Plan on the County's website;

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	No	
				(f) oversight of internal reviews to monitor the effectiveness of compliance standards and reporting to the CC and the Board of Supervisors regarding same; (g) guidance of County Personnel regarding regulatory compliance, such as development of internal systems and controls, and internal monitoring procedures; (h) oversight of implementation of training programs for new and existing County Personnel regarding compliance obligations; (i) oversight of the operation of the compliance reporting system; (j) oversight of the timely completion of compliance investigations and appropriate institutional responses; and (k) dissemination of information regarding changes in the regulatory environment as appropriate to County departments and the Board of Supervisors.
2.3	Are the compliance responsibilities satisfactorily carried out?	Yes		*Provide evidence of your assessment of whether the compliance duties are being satisfactorily carried out.* Compliance Meetings held quarterly; periodic risk assessments & audits per the audit schedule; a good workplan; Board Member who attends our meetings; updates reported quarterly to the Board of Supervisor and an annual report is presented to the Board of Supervisors.
2.4	Does the designated employee (referred to in 2.1) report directly to the entity's chief executive or other senior administrator?	Yes		*Specify the reporting relationship and provide a copy of an organizational chart. If the designated employee does not report to the chief executive, provide proof that the chief executive has designated the senior administrator to whom the employee reports.* The designated employee, Ms. Smith, reports directly to the County Administrator (Senior Administrator)
2.5	Does the designated employee (referred to in 2.1) periodically report directly to the governing body on the activities of the compliance program?	Yes		*Specify the reporting relationship and the frequency of the reporting.* Supervisor Vedora presents the Compliance Committee's Annual Report to the GO & Insurance Committee and the Board of Supervisors annually. Michele Smith will provide Board of Supervisors a quarterly update.

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required
		Yes	No	***For each response - Include specific citations to the documents and text that meets the requirement***
	Element 3: Training and education			
3.1	Is periodic training and education on compliance issues, expectations and the compliance program operation provided to all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also define the timing of the periodic training, and identify any categories of affected individuals that do not receive training and education, if any.* a.-c Training is done annually through ~~WeComply~~ a third party for all employees and selected members of the Compliance Committee participate in the Bonadio Group Compliance Bootcamp. Human Resources maintains completed training records. d. We have the appropriate language in our long form contracts; our Preamble in our Regulatory Compliance Plan meets State requirements
3.2	Is compliance training part of the orientation for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also define when orientation occurs, and any categories of affected individuals that do not receive orientation, if any.* During employee orientation, the compliance policy is reviewed with the employee. For sub item d. - Affected individuals acknowledge a sign receipt of the compliance policy during orientation and have an opportunity to ask questions.
	Element 4: Lines of communication to the responsible compliance position			
4.1	Are there written policies and procedures that identify how to	Yes		Compliance Brochure

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	No	
	communicate compliance issues to appropriate compliance personnel?			Compliance Plan http://www.co.ontario.ny.us/DocumentCenter/View/236 County Website http://www.co.ontario.ny.us
4.2	Are there lines of communication to the designated employee referred to in item 2.1 that allow compliance issues to be reported and which are accessible to all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also Identify any categories of affected individuals that do not have access to the lines of communication identified.* Compliance Hotline: (866) 951-9367 County Website: http://www.co.ontario.ny.us Compliance Brochure
4.3	Is there a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and	Yes		*Also Identify any categories of affected individuals that do not have access to the lines of communication identified.* Compliance Hotline: (866) 951-9367

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	**No**	
	d. persons associated with the provider?			

Element 5: Disciplinary policies to encourage good faith participation

5.1	Do disciplinary policies exist to encourage good faith participation in the compliance program by all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also identify any categories of affected individuals not covered by the disciplinary policies.* Section IV of our Compliance Plan, Paragraph 2, 4 & 7 http://www.co.ontario.ny.us/DocumentCenter/View/236 Compliance Brochure Board of Ethics Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy
5.2	Are there policies in effect that articulate expectations for reporting compliance issues for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also identify any categories of affected individuals not covered by the policies.* New Employee Orientation New Board Member Orientation Annual Compliance Training Compliance Plan

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	**No**	
5.3	Are there policies in effect that articulate expectations for assisting in the resolution of compliance issues for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also identify any categories of affected individuals not covered by the policies.* Compliance Plan http://www.co.ontario.ny.us/DocumentCenter/View/236
5.4	Is there a policy in effect that outlines sanctions for failing to report suspected problems for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also identify any categories of affected individuals not covered by the policy.* In our Compliance Plan – there are sanctions; http://www.co.ontario.ny.us/DocumentCenter/View/236 Compliance Brochure Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	**No**	
5.5	Is there a policy in effect that outlines sanctions for participating in non-compliant behavior for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also identify any categories of affected individuals not covered by the policy.* Collective Bargaining Agreements Compliance Plan, Section VII http://www.co.ontario.ny.us/DocumentCenter/View/236 Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy
5.6	Is there a policy in effect that outlines sanctions for encouraging, directing, facilitating or permitting non-compliant behavior for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		*Also identify any categories of affected individuals not covered by the policy.* Compliance Plan, Section IV http://www.co.ontario.ny.us/DocumentCenter/View/236 Collective Bargaining Agreements Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	**No**	
5.7	Are all compliance-related disciplinary policies fairly and firmly enforced?	Yes		*Also list all policies in effect that support your answer and Identify circumstances where compliance-related discipline was enforced.* Compliance Plan http://www.co.ontario.ny.us/DocumentCenter/View/236 ; Collective Bargaining Agreements; Compliance File Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy

Element 6: A system for routine identification of compliance risk areas

6.1	Do you have a system in effect for routine identification of compliance risk areas specific to your provider type?	Yes		*Also reference documents in which you've identified your risk areas.* Compliance Plan http://www.co.ontario.ny.us/DocumentCenter/View/236 , Section VII (Monitoring Reviews) Exclusion Screenings Policy Regulatory Compliance Committee meetings
6.2	Do you have a system in effect for self-evaluation of the risk areas identified in 6.1, including internal audits and as appropriate external audits?	Yes		*Also reference any documents in which you have identified compliance work plans and/or audit plans.* Compliance Plan http://www.co.ontario.ny.us/DocumentCenter/View/236, Section VII (Monitoring Reviews) Regulatory Compliance Committee meetings
6.3	Do you have a system in effect for evaluation of potential or actual non-compliance as a result of audits and self-evaluations identified in 6.2?	Yes		*Also reference documents that outline your system for evaluating the cause of compliance problems.* Internal / External Audits Reports to Compliance Officer / Committee Self-disclosure evaluated

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	No	
	Element 7: A system for responding to compliance issues			
7.1	Do you have written policies and procedures that provide guidance on how potential compliance problems are investigated and resolved?	Yes		Compliance Plan, Section IV & VIII http://www.co.ontario.ny.us/DocumentCenter/View/236 Departmental Policies & Procedures ~~WeComply~~ Annual Compliance Training, Compliance Brochure Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy
7.2	Is there a system in effect for responding to all of the following: a. compliance issues as they are raised; and b. as identified in the course of audits and self-evaluations?	Yes		*Also reference documents that outline your system for responding to actual or potential compliance issues.* a) Compliance Officer handles compliance issues and involves Co. Attorney if needed. b) Corrective action plans, department procedures, committees to resolve, Compliance Plan (Section IV).
7.3	Is there a system in effect for correcting compliance problems promptly and thoroughly?	Yes		Ref. 7.2 (b) above
7.4	Is there a system in effect for implementing procedures, policies and systems as necessary to reduce the potential for recurrence?	Yes		Review need for amendment; Annual review for updates to the Plan; Compliance Brochure; Training; Adjust internal monitoring as needed

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required ***For each response - Include specific citations to the documents and text that meets the requirement***
		Yes	No	
7.5	Is there a system in place for identifying and reporting compliance issues to the NYS Department of Health or the NYS Office of Medicaid Inspector General?	Yes		Through self-audit. If identified, we would report to DOH or OMIG; Through the Plan; Guidance from Consultant
7.6	Is there a system in place for refunding Medicaid overpayments?	Yes		*Also identify examples of prior refunds of Medicaid overpayments.* Guidance from OMIG; Departments address Medicaid overpayments as part of the normal process during reconciliation.
	Element 8: A policy of non-intimidation and non-retaliation			
8.1	Is there a policy of **non-intimidation** and **non-retaliation** for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in Sections 740 and 741 of the New York State Labor Law?	Yes		*Both Non-intimidation and Non-retaliation must be present.* Compliance Plan (Section IV); http://www.co.ontario.ny.us/DocumentCenter/View/236 Compliance~~WeComply~~ training annually; Compliance Brochure; Employee Portal on Website; Whistleblower & Non-Retaliation Policy (Bds Res. No. 355-11) Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy