Reset Form

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.

You are required to file this Reporting Statement within 30 days of beginning your employment with the regional center or from the date that you are appointed to the regional center board or advisory committee board. You are then required to file an annual Reporting Statement by August 1st of every year while you remain employed with the regional center or while you are a member of the regional center board or advisory committee board. You must also file a Reporting Statement within 30 days of any change in your status that could result in a conflict of interest. Circumstances that can constitute a change in your status that can require you to file an updated Reporting Statement are described below in footnote one.

A. INFORMATION OF REPORTING INDIVIDUAL						
Name: Cindy Illescas	Reg	South Central Los Angeles Regional Center ional Center:				
Regional Center Position/Title:	☐ Governing Board Member ☐ Vendor Advisory Committee si ☐ Contractor ☐ Agent	☐ Executive Director ☐ Employee ☐ Consultant				
Reporting Status:	 ☑ Annual ☑ New App ☑ Change of Status¹ 	ointment (date):				
If a change in status, date and	circumstance of change in status:					

1. Please list your job title and describe your job duties at the regional center.
I am a Service Coordinator in the Children's (DCFS) unit, and I help assist families and Individuals with Disabilities in the coordination with services and also providing them with generic resources.

¹ Change of status includes 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, change in regional center, or change to outside position or duties. See California Code of Regulations, title 17, sections 54531(d) and 54532(d).

		☐ Employee/Other	
2.	yes one—If yes, provide the name of the entity or organization and describe what seed that the regional center or regional center consumers. If the provider or contractor is a state or provide the specific name of the state or local governmental entity and describe your job governmental entity.	services it provides for the local governmental entity, duties at the state or local	
	I have been a respite care provider prior to being hired with the South Central Region for Accredited Nursing Care now known as Aveanna Healthcare, providing respite so who is a client of the Regional Center.	anal Center and work ervices to my brother	
3.	Do you or a family member own or hold a position ³ in an entity or organization that is a recontractor?	describe what services it	
4	Are you a regional center advisory committee board member?		
	×		
5.	If you are a regional center advisory committee board member and answered yes to all the above, do any of the following apply to you: (a) are you an officer of the regional center purchasing services from a regional center provider; or (c) do you vote on matters where interest? Yes Yes, please explain.	board; (b) do you vote on	

☐ Governing Board Member☐ Vendor Advisory on Board☐ Executive Director

² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, parent-in-laws, brother-in-laws, sister-in-laws, son-in-laws and daughter-in-laws. See California Code of Regulations, title 17₄ sections 54505(f).

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.

		☐ Employee/Other
6.	Do any of the decisions you make when performing your job duties with the regional cer financially benefit you or a family member ⁴ ? [Note: Governing board members do not ha question if the financial benefit would be available to regional center consumers or their fames are no If yes, please explain.	ve to answer "yes" to this
7.	Are you responsible for negotiating, making, ⁵ executing or approving contracts on behavener? ☐ yes ☐ no — If yes, please explain.	alf of the regional
8.		If yes, did you negotiate, If yes, please explain.
9.	Do any of your family members have a financial interest in any contract with the regional of the second of you negotiate, make, execute or approve the contract on behalf of the regional of the second of the secon	center?

☐ Governing Board Member ☐ Vendor Advisory on Board ☐ Executive Director

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

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.

the making of a contract.

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.

	☐ Governing Board Member☐ Vendor Advisory on Board☐ Executive Director☐ Employee/Other
10. Do you evaluate employment applications or contract bids that are s ☐ yes ☐ o If yes, please explain.	submitted by your family member(s)?
11. Your job duties require you to act in the best interests of the regional have any circumstances or other financial interests not already discretion in the best interests of the regional center or its consumers?	
3. ATTESTATION	THE RESIDENCE OF THE PROPERTY
egional center's Conflict of Interest Policy and that my responses to the tatement are complete, true, and correct to the best of my information in that might indicate that this statement is not accurate the statemen	on and belief. I agree that if I become aware of e or that I have not complied with the regiona
enter's Conflict of Interest Policy or the applicable conflict of interest landividual immediately. I understand that knowingly providing false in statement shall subject me to a civil penalty in an amount up to fifty tho institutions Code section 4626.	formation on this Conflict of Interest Reporting
Signature Cindy Glescas	Date08-23-2024
INTERNAL USE ONLY	
Date this Statement was received by Reviewer: XW B/	24/24
The reporting individual	present potential conflict of interest
Signature of Designated Reviewer	Date Review Completed
April	8-24-211