Baker, Nathaniel P

To:

Perrodin, Regan (IG)

Subject:

RE: DeRoss Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting

filed 10/7/2022

From: Perrodin, Regan (IG) <RePerrodin@ig.IN.gov>

Sent: Friday, October 18, 2024 11:41 AM

To: Gerber, Matthew < Matthew. Gerber@fssa. IN.gov>

Cc: Baker, Nathaniel P < NBaker@ig.IN.gov>; FSSA Ethics < Fssa. Ethics@fssa.IN.gov>

Subject: RE: DeRoss Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting filed 10/7/2022

Thanks for chatting with me, Matt.

As we discussed, we will redact the name and address of the daycare from the disclosure statement posted online. We will keep an unredacted copy for our records. Additionally, we understand that in Ms. DeRoss's current role, she no longer advises daycares, and the conflict no longer exists.

Let me know if you have any other questions.

All the best, Regan

Regan Perrodin

State Ethics Commission Director Office of Inspector General 315 West Ohio Street, Room 104 Indianapolis, IN 46202 reperrodin@ig.in.gov

Phone: (317) 234-4108

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INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST — DECISIONS AND VOTING State Form 55860 (R / 10-45) OFFICE OF THE INSPECTOR GENERAL IC 4-2-6-9

OCT 7 2022

		: .t=.:	FILED		
In accordance with IC 4-2-6-9, you must fil days after the conduct that gives rise to the agency appointing authority and ethics offi General's website.	e conflict. You must also include	de a copy	of the notification provi	ided to your	
Name (last) DeRoss	Name (first) Amanda		Name <i>(middle)</i> Benham		
Name of office or agency FSSA		Job title Attorney			
Address of office <i>(number and street)</i> 402 W. Washington Street, Room W451		City Indianapolis		ZIP code 46204	
Office telephone number (317) 234-8533	Office e-mail address (required amanda.deross@fssa.in.gov				
Describe the conflict of interest: I am employed as an attorney in the Office of General Counsel for the Family and Social Services Administration. FSSA					
oversees the licensing of child care facilitie	s in the state of Indiana, throu	igh the Div	ision of Family Resour	ces and the	
Office of Early Childhood and Out of School	ol Learning. In my role, I provid	de legal ad	vice regarding these c	hild care	
facilities. I am enrolling my child at					
It is a conflict of interest if I provide legal ac	dvice regarding the regulation	of this faci	lity's child care license		
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) I will be screened from all matters regarding My supervisors have been notified of the conflict					
and will ensure I do not take part in any aspect of the regulation of this facility. I will not participate in any decisions, votes					
or matters related to any decisions or votes for an analysis and any other facility. Any pending					
or future matters related to this facility will be handled by another OECOSL attorney. The screen will remain in place until					
my child is no longer enrolled at					

*					
AFFIRMATION AFFIRMATION					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.					
Signature of state officer, employee or special state appointee Date signed (month, day, year) Amanda DeRoss 09/14/2022					
Printed full name of state officer, employee or special state appointee Amanda DeRoss					
Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.					
Signaturia of ethics officer Date signed (pronth, day, year)					
Printed full name of ethics officer					
Jessica Keyes					

From: To:

Keyes, Jessica K Keyes, Jessica K

Subject:

FW: Conflicts Disclosure/Screen-DeRoss

Date:

Tuesday, September 20, 2022 10:57:15 AM

From: Rusyniak, Daniel E (Dan) < Daniel. Rusyniak@fssa. IN.gov>

Sent: Tuesday, September 20, 2022 10:28 AM

To: Marshall, Cathrine (Cate) < Cathrine.Marshall@fssa.IN.gov>

Subject: RE: Conflicts Disclosure/Screen-DeRoss

I have reviewed.

Dan Rusyniak, MD Secretary, Indiana Family and Social Services Administration 402 W Washington Street, W461 Indianapolis, IN 46204 Daniel.Rusyniak@FSSA.IN.gov 317-233-7447 (office) 317-618-3092 (cell) @drusyniak @FSSAIndiana

----Original Message----

From: Marshall, Cathrine (Cate) < Cathrine.Marshall@fssa.IN.gov>

Sent: Tuesday, September 20, 2022 8:57 AM

To: Rusyniak, Daniel E (Dan) < <u>Daniel.Rusyniak@fssa.IN.gov</u>>

Subject: FW: Conflicts Disclosure/Screen-DeRoss

Dan,

Let me know when you have reviewed.

Thank you, Cate Marshall **Executive Assistant** Indiana FSSA

Email: Cathrine.Marshall@FSSA.IN.gov

^{*}Please note, there is no e in the middle of Cathrine.

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----Original Message----

From: Keyes, Jessica K < Jessica. Keyes@fssa. IN.gov>

Sent: Tuesday, September 20, 2022 8:50 AM

To: Marshall, Cathrine (Cate) < Cathrine.Marshall@fssa.IN.gov>

Subject: Conflicts Disclosure/Screen-DeRoss

Hi Cate,

Please find attached a conflicts of interest disclosure/screen for Dr. Rusyniak's review. Please let me know if there are any questions. Thank you!

Thank you,

Jessica Keyes Interim General Counsel and Ethics Officer

Phone: 317-234-3884

Email: Jessica.Keves@fssa.IN.gov

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----Original Message----

From: scanner@fssa.in.gov>

Sent: Tuesday, September 20, 2022 8:38 AM
To: Keyes, Jessica K < <u>Jessica.Keyes@fssa.IN.gov</u>>
Subject: Message from "RNP583879356A80"

This E-mail was sent from "RNP583879356A80" (MP 6503).

Scan Date: 09.20.2022 08:37:39 (-0400)

Queries to: scanner@fssa.in.gov