

FEB 05 2018

FILED



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55880 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Higgins	Name (first) Latosha	Name (middle) N
Name of office or agency Family and Social Services Administration		Job title Managing Attorney & Ethics Officer
Address of office (number and street) 402 W. Washington Street, W451		City Indianapolis
		ZIP code 46204
Office telephone number (317) 232-0246	Office e-mail address (required) latosha.higgins@fssa.in.gov	

Describe the conflict of interest:
As Managing Attorney for the Office of General Counsel with the Family and Social Services Administration, my duties including managing two staff attorneys that advise the Division of Family Resources ("Division"), which administers child care ministries. Additionally, I occasionally provide legal advice to the Division. I am also an at large member of the St. Jude Parish Council ("St. Jude"). St. Jude has an affiliation with the child care ministry Roncalli Rebels Day Care ("Roncalli Rebels"). Roncalli Rebels is an unlicensed registered ministry subject to the rules administered by the Division. As a voting member of the St. Jude Parish Council, I may be called upon to make decisions regarding the child care facility.

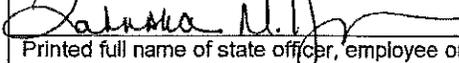
Describe the screen established by your ethics officer. (Attach additional pages as needed.)

Latosha will be screened from all matters regarding Roncalli Rebels. Her direct reports who may advise the Division on issues regarding the child care facility and the Division staff who are the key personnel who may interact with the church or facility will be notified of the screen. The General Counsel will implement the screen for Latosha.

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)

02/05/2018

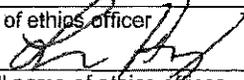
Printed full name of state officer, employee or special state appointee

Latosha N. Higgins

FOR ETHICS OFFICER USE ONLY

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.

Signature of ethics officer



Date signed (month, day, year)

2-6-18

Printed full name of ethics officer

Leslie Huckleberry, FSSA General Counsel

From: Higgins, Latosha
To: [Walthall, Jennifer](#)
Cc: [Huckleberry, Leslie](#)
Subject: Notification of Ethics Disclosure Statement for Latosha Higgins
Date: Monday, February 05, 2018 9:52:00 AM
Attachments: [L. Higgins Signed Conflict of Interest Disclosure Form Little Rebels Day Care.pdf](#)

Dr. Walthall,

Pursuant to IC 4-2-6-9(b)(2) of Ethics Code, I am notifying you that I have a potential conflict of interest with the agency. Attached please find my Conflict of Interest Disclosure Statement. The General Counsel will implement and oversee the screen. I will file my Disclosure Statement with the State Ethics Commission today. Please let me know if you have any questions.

Latosha N. Higgins
Managing Attorney and Ethics Officer
Office of General Counsel
Indiana Family and Social Services Administration
402 West Washington Street, Room W451
Indianapolis, IN 46204
(317) 232-0246
Latosha.Higgins@fssa.in.gov
<http://www.IN.gov/fssa>
Follow us on Twitter: @FSSAIndiana

PRIVILEGED AND CONFIDENTIAL

The information contained in this email is information protected by attorney-client and/or attorney/work product privilege. The information is intended to be excepted from disclosure under the Indiana Access to Public Records Act pursuant to IC 5-14-3-4(b)(2). It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by e-mail. If the person actually receiving this email or any other reader of the e-mail is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at (317) 232-0246.

Croft, Celeste

From: Higgins, Latosha
Sent: Monday, February 05, 2018 4:15 PM
To: IG Info
Cc: Cooper, Jennifer; Huckleberry, Leslie
Subject: L. Higgins Conflict of Interest -Decisions and Voting Statement
Attachments: L. Higgins Signed Conflict of Interest Disclosure Form Little Rebels Day Care.pdf

Attached please find a copy of my Conflict of Interest – Decisions and Voting Statement. Please do not hesitate to contact me with any questions.

Latosha N. Higgins
Managing Attorney and Ethics Officer
Office of General Counsel
Indiana Family and Social Services Administration
402 West Washington Street, Room W451
Indianapolis, IN 46204
(317) 232-0246
Latosha.Higgins@fssa.in.gov
<http://www.IN.gov/fssa>
Follow us on Twitter: @FSSAIndiana

PRIVILEGED AND CONFIDENTIAL

The information contained in this email is information protected by attorney-client and/or attorney/work product privilege. The information is intended to be excepted from disclosure under the Indiana Access to Public Records Act pursuant to IC 5-14-3-4(b)(2). It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by e-mail. If the person actually receiving this email or any other reader of the e-mail is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at (317) 232-0246.