

# Step By Step Infant Development Center



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## MEDICAID COMPLIANCE & CODE OF CONDUCT

### 1. INTRODUCTION

- 1.1 Step By Step Infant Development Center, Inc. ("SBS") Compliance Plan<sup>1</sup> describes its procedures for detecting and preventing fraud and abuse in connection with the provision of services eligible for Medicaid and Medicaid reimbursement. SBS is obligated to exercise diligence, care, and integrity when submitting Medicaid claims for payment for services rendered; honest, fair, and accurate billing practices are required to be maintained.
- 1.2 SBS is obligated to have a plan and program to prevent or otherwise detect possible fraud, waste and abuse in the Medicaid program. SBS expects its officers and employees to conduct themselves with integrity and in conformance with its adopted code of ethics<sup>2</sup>.
- 1.3 Employees, Independent Contractors and non-employees involved in the provision of, or claiming federal Medicaid financial compensation or reimbursement for, Early Intervention supportive health services are required to conform their conduct to the governing federal and State statutes and regulations. Failure to do so may result in adverse consequences.
- 1.4 Medicaid claims shall be submitted only for necessary services provided, as supported by appropriate documentation. Billings should not be duplicated to create overpayment. Proper and timely documentation of services provided must be maintained. Claims will be considered only when such documentation is maintained and available for review.
- 1.5 Compensation for any employee or service provider shall not include any financial incentive to make claims. No employee or service provider will knowingly and willfully offer, pay, solicit, or receive any remuneration, directly or indirectly, in return for referrals or to induce referrals, or to arrange for or recommend goods, facilities,

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<sup>1</sup>This Medicaid Compliance Plan ("Compliance Plan") has been adapted to comply with the provisions of New York State Social Services Law § 363-d, 18 NYCRR Part 521, the Federal Deficit Reduction Act (42 USC § 1396a(a)(68)), and the New York State Office of Medicaid Inspector General Work Plan.

<sup>2</sup> Policy 2160.

- services or items for which payment may be made under the Medicaid program.
- 1.6 Services will not be billed unless the provider has certified (on the appropriate documentation) that the services were provided, and appropriate documentation completed in compliance with federal and State laws and regulations.
  - 1.7 When a provider submits such certification, the provider is certifying that there is supporting documentation to support the claim and that: (1) all services reported were personally provided or personally supervised; (2) such services were necessary and appropriate; and (3) the rendering of such services, the coding or charging for these services, and the documentation of such services have all been performed in accordance with federal and State laws and regulations.
  - 1.8 All employees and service providers are required to report suspected fraud or abuse or other non-compliance problems. Failure to report suspected problems, assisting or participating in fraud, abuse or other non-compliant behavior, or encouraging, directing, permitting or facilitating such activities whether actively or passively will result in disciplinary action.
  - 1.9 Suspected fraud, abuse or other non-compliance problems must be reported to the immediate supervisor, unless the immediate supervisor is suspected of being involved in the issue. In that case, the report should be made to the next higher level supervisor not suspected of being involved. If the supervisor is not available, the report should be made to the next higher-level supervisor.
  - 1.10 Monies obtained from any federal or State funded healthcare programs that clearly represent overpayments are monies which must be returned promptly.
  - 1.11 As detailed within this Compliance Plan, it is the duty of all employees, contractors, vendors and agents to comply with the policies as applicable to their individual areas of employment or contracts.
  - 1.12 This Compliance Plan also advises all employees, contractors, vendors and agents of the procedures to be used in reporting non-compliance with such Federal and State laws.
  - 1.13 The benefits to this Compliance Plan include, but are not limited to the following:
    - Supports our strong commitment to honesty, responsibility and appropriate conduct.
    - Develops a system to encourage employees to report potential problems that may be detrimental to SBS and the community at large.
    - Develops procedures that allow for a thorough investigation of alleged misconduct.
    - Develops procedures for promptly and effectively conducting internal monitoring and auditing which may prevent non-compliance.
    - Through early detection and reporting, minimizes the risk to SBS and, thereby, reduces SBS's exposure to any civil damages or penalties, criminal sanctions

or administrative remedies.

## **2. MEDICAID COMPLIANCE CODE OF CONDUCT**

- 2.1 The following policies and directives are not intended to prescribe a specific response to every conceivable situation, but are intended to assist staff and contract providers in recognizing issues and determining an appropriate response as specific situations arise. Should a staff member have questions about an appropriate response in a given situation, (s)he should consult his/her supervisor and/or administrator or contract manager.
- 2.2 SBS will submit claims for Medicaid only for services actually rendered and shall seek the amount to which it is entitled.
- 2.3 Supporting documentation must be prepared for all services rendered.
- 2.4 SBS will submit claims for Medicaid only where appropriate and required documentation has been prepared.
- 2.5 An accurate and timely billing and documentation structure is critical to ensure that SBS staff can effectively implement and comply with required policies and procedures.
- 2.6 Demonstrated lapses in the documentation and claiming systems infrastructure should be remedied in a timely manner at the program level. The Medicaid Compliance Officer must approve all proposed remedies.
- 2.7 SBS staff and vendors are not to falsify documentation for any purposes, including Medicaid claiming.

## **3. MEDICAID COMPLIANCE OFFICER**

- 3.1 SBS has designated a Medicaid Compliance Officer who is directly responsible to the Executive Director and the Board of Directors for overseeing the development and implementation of SBS's Compliance Program and ensuring appropriate handling of instances of suspected or known illegal or unethical conduct related to Medicaid claiming. Complaints may be made anonymously by calling the Compliance Hotline or via e-mail at [compliance@Stepbystepny.org](mailto:compliance@Stepbystepny.org).
- 3.2 Duties of the Medicaid Compliance Officer
  - Oversee and monitor the implementation of the Medicaid Compliance Program;
  - Maintain the effectiveness of the Medicaid Compliance Program;
  - Establish methods such as conducting periodic audits/reviews of SBS's compliance with the current State and Federal regulations, developing effective lines of communication on compliance issues and preparing written standards and procedures that reduce SBS's exposure to fraud and abuse;

- Annually revise the Medicaid Compliance Program to reflect changes in the needs of SBS, the law or policies, and procedures of the government;
- Develop, coordinate and implement a training program that focuses on the components of the Medicaid Compliance Program and seeks to ensure that all appropriate employees and management are knowledgeable of, and comply with, pertinent federal and state standards and that contractors, independent service providers, consultants and others who furnish health services to SBS's beneficiaries are aware of the requirements of the Medicaid Compliance Program;
- Develop procedures for checking the List of Excluded Individuals and Entities with respect to all staff and vendors who are providing services that may be eligible for Medicaid reimbursement;
- Report on a regular basis to the Executive Director and the Board of Directors on the implementation of the Medicaid Compliance Program, any investigations and necessary corrective actions;
- Consult, as necessary, with the New York State Office of Medicaid Inspector General, investigative and auditing offices and outside law enforcement agencies;
- Assess the impact of current and future Medicaid Regulations on SBS's day to day operations;
- Ensure that Medicaid compliance is occurring throughout SBS;
- Recommend solutions to barriers that may exist in the successful implementation of compliance activities;
- Address issues regarding Medicaid claiming that impact SBS's ability to maximize revenue and make recommendations on how to improve them; and
- Assess the success of this Compliance Plan by reviewing compliance related activities and recommend any needed updates to the Plan.

#### **4. COMMUNICATION AND CHANGES IN COMPLIANCE PLAN**

- 4.1 SBS will post this Compliance Plan on its external website. All employees will be notified of the existence of this Compliance Plan. SBS will also communicate with contractors and vendors who provide services that may be eligible for Medicaid reimbursement of the existence of this Medicaid Compliance Plan as required by law. Additionally, the Medicaid Compliance Officer will conduct training in conjunction with the provided written materials.
- 4.2 Updated information about the compliance program, changes in law and ethical standards that may affect an employee's or vendor's responsibilities will be communicated.

#### **5 EDUCATION AND TRAINING**

- 5.1 The proper education and training of employees and service providers is a significant element of an effective compliance program. The Medicaid Compliance Officer will provide periodic training and education to all current employees, service

providers, appointees or associates, including executive and governing body members, and such affected persons will be advised of the obligation to review the Compliance Plan and act accordingly. As new employees enter the system, they will be trained and advised of the obligation to review a copy of this Compliance Plan. Additional training, tailored to the roles and responsibilities of each group of individuals is provided on a program/division basis. SBS will routinely identify training topics, including those arising out of internal and external audits and regulatory developments.

- 5.2 Service contractors who provide any service that may be eligible for Medicaid reimbursement will be advised that this Compliance Plan and any updates will be on SBS's external website. If they cannot access internet or email, they will be provided with a hard copy. Contracts with vendors will require the vendor to certify that they have shared this Compliance Plan with employees providing services to SBS and that they will make their staff available as necessary for training by SBS.
- 5.3 Independent related service providers (independent contractors) will be required to certify that they have read this Compliance Plan as part of the process to be included as a potential provider to SBS beneficiaries.

## **6 REPORTING REQUIREMENTS**

6.1 SBS's employees are in a position to know when policies and regulations are not being followed. Therefore, the effectiveness of the Compliance Program depends on the willingness of employees at all levels of the organization to step forward, in good faith, with questions and concerns.

### **6.2 Policy**

- Employees are responsible for conducting their jobs in a manner that is ethical and complies with governing laws and regulations.
- Employees are encouraged to seek supervisory assistance if they are unclear about their compliance obligations. If an employee has further concerns, the employee can obtain assistance from the Medicaid Compliance Officer.
- Employees have a duty to report actions or behaviors they believe violate this Compliance Plan or applicable laws or regulations. Any employee that fails to report misconduct or illegal behavior may be subject to disciplinary procedures, up to and including termination. (See SBS's Code of Conduct and Ethics).
- SBS will encourage employee questions and/or reports by:
  - ▶ taking each report seriously;
  - ▶ investigating each report; and where there is enough information, determining the extent of the problem and taking any necessary corrective action; and
  - ▶ ensuring that employees who do report: do not suffer retaliation by their peers or supervisors for their good faith reports or questions; and have the choice of keeping their name confidential in regard to a specific report for as long as SBS can reasonably do so.

### 6.3 Examples of fraud or abuse:

- Claiming or verifying attendance for services that were not provided.
- Duplicate billing, which occurs when a contractor or an independent provider bills Medicaid while also submitting an invoice for payment to SBS.
- Claiming for services at a higher rate, when a lower rate service was actually provided (e.g., billing for a one hour service session when in fact a 30 minute session was provided).
- Submitting claims where applicable provider requirements have not been satisfied.
- Certifying attendance for a complete session where a complete session was not provided.
- Not providing the services on the dates that were claimed

### 6.4 How to Report

Responsibility for monitoring the Step By Step's Compliance Program shall be vested in: **Mr. Nochum Halberstam**.

### 6.5 All matters relating to possible fraud and abuse or other compliance issues related to Medicaid must be reported. Employees must report in any of the following ways:

- SBS Medicaid Compliance Officer
  - Phone: **(718) 633-6666 ext. 102**
  - Email: **nhalberstam@stepbystepny.org**
- Anonymous Compliance Hotline
  - Phone: 718-633-5328
  - Compliance@Stepbystepny.org

## 7. ENFORCEMENT AND DISCIPLINE

7.1 If, through investigation, monitoring and/or auditing, it is determined that fraud or abuse has occurred, or that a staff person or program is violating policies and procedures set forth in this Compliance Plan, there may need to be disciplinary action.

7.2 **Discipline Policy and Actions:** In any instance where a compliance issue is confirmed, appropriate actions will be taken by SBS. Upon a finding that an employee, contractor or independent provider has engaged in misconduct, SBS will take appropriate disciplinary action. SBS may also make a referral to the Office of the Medicaid Inspector General or other external enforcement agency.

7.3 **Non-Retaliation and Non-Intimidation:** To the extent possible, all employee reports will be handled in a manner that protects the confidentiality of the reporter if requested. However, there may be circumstances in which confidentiality cannot be maintained. Some examples of this include situations where the problem is

known to only a very few people or where the funding source must be involved. In all cases, however, SBS is determined that the reporting employee will not suffer from adverse employment action, retaliation or intimidation for his/her good faith actions. It is the responsibility of the Medicaid Compliance Officer to ensure that those reporting in good faith do not suffer from adverse employment action, retaliation or intimidation. Employees who believe that they have been subjected to such actions because they have reported a possible instance of misconduct or fraud should immediately contact the Medicaid Compliance Officer.

**7.4 List of Excluded Individuals or Entities:** SBS checks/reviews the OMIG List of Excluded Individuals and Entities on the OMIG website <http://www.oig.hhs.gov/fraud/exclusions.html> prior to hiring or contracting with individuals or entities. Persons and entities who are listed on the federal OMIG Exclusion Database must receive reinstatement through the OMIG to be eligible for reimbursement through Medicaid. In addition, the NYS Office of the Medicaid Inspector General has a list of excluded individuals and entities which can be visited at <http://www.omig.state.ny.us/data.htmlgov/data/content/view/72/52/>.

- ▶ SBS also checks the Excluded Parties List System at <https://www.epls.gov/>.

**7.5** In order to comply with this section, the following will occur:

- Where an employee is identified as a provider of services that may be eligible for Medicaid claiming, SBS will check the OMIG website;
- SBS reviews the OMIG database at least monthly to see if any names on the list match the names of employees identified as providers of Medicaid covered services. If there is a name match, SBS will further investigate to confirm whether the name on the list is a SBS employee.
- In order to determine if contractors or vendors might be on the list of excluded entities, the Medicaid Compliance Officer will check the list at least monthly.

## **8 MONITORING AND AUDITING**

**8.1** An objective of SBS's monitoring and auditing procedures is to uncover activities that could potentially constitute violations of this Compliance Plan or failure to comply with federal and state law or other types of misconduct. SBS recognizes its obligation to investigate any incidents uncovered to determine whether:

- a violation has, in fact, occurred;
- disciplinary action must be taken; and
- corrective actions have been put into place as required.

**8.2** All issues reported to the Medicaid Compliance Officer will be handled in a consistent fashion so that the integrity of this Compliance Plan is maintained, and so employees will have confidence in the workings of compliance inquiries.

8.3 As part of our effort to implement an effective Compliance Program, SBS will periodically conduct routine self-audits and/or reviews of its operations including its claiming practices and its written standards, policies and procedures to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Compliance Program. The periodic audits/reviews will be designed to assess whether SBS's claims are supported by accurate documentation conforming to the requirements of the Corrective Action Plans and Medicaid claiming guidelines and whether information in the data systems upon which SBS relies is valid and controls are working as intended. Additional audits/reviews may be conducted depending on reports of fraud, waste, or abuse or identification of risk areas as determined through regular monitoring activities.

## 9 **Audit/Review Findings**

- 9.1 The following will be the process for reporting audit findings:
- The Medicaid Compliance Officer will provide a report of its audit/review findings to the Executive Director and the Board of Directors.
  - If applicable, SBS will calculate and repay any duplicate or improper payments made as a result of the noncompliance.
  - The Medicaid Compliance Officer will detail the steps that should be taken to preventing similar non-compliant activity from occurring in the future.
- 9.2 Follow-up monitoring will be conducted as appropriate to ensure effective resolution of noncompliance findings.

## 10 **Record Retention**

- 10.1 The Medicaid Compliance Officer will receive and generate both hard copy and electronic records and information.
- 10.2 All records related to a specific incident should be retained in accordance with State Record Retention requirements, or as otherwise required by state or federal law or pursuant to contract.
- 10.3 Records relating to the Compliance Program including memoranda, meeting minutes and reports will be retained as required by State Record Retention requirements or as otherwise required by law or regulation.

## 11. **RESPONSE AND PREVENTION**

- 11.1 The goal of our Compliance Program is to prevent and reduce the likelihood of improper conduct. SBS's response to information concerning possible violations of law or the requirements of the Compliance Program is an essential component of its commitment to compliance.

- 11.2 Upon receiving a report or other reasonable indication of suspected non-compliance, the Medicaid Compliance Officer will inform the Executive Director and the General Counsel of such allegation. The Medicaid Compliance Officer in consultation with the Executive Director will arrange for an investigation to be conducted by the Compliance Officer. SBS's Legal Department will assist as necessary. All SBS staff will be directed to cooperate fully with the Medicaid Compliance Officer.
- 11.3 Upon receipt of information concerning alleged misconduct, the Medicaid Compliance Officer will, at a minimum, take the following actions:
- Complete a Compliance Report Intake Form.
  - Notify the Executive Director.
  - Ensure that the investigation is initiated as soon as reasonably possible. The investigation shall include, as applicable, but need not be limited to: (i) interviews of all persons who may have knowledge of the alleged conduct; (ii) identification and review of relevant documentation including, where applicable, Medicaid claims submitted, to determine the specific nature and scope of the violation and its frequency, duration and potential financial magnitude; (iii) interviews of persons who appear to play a role in the suspected activity or conduct; and (iv) preparation of a summary report that (a) defines the nature of the alleged misconduct, (b) summarizes the investigation process, and (c) identifies any person who is believed to have acted deliberately or with reckless disregard or intentional indifference of applicable laws
  - Ensure that the investigation is completed in a reasonable and timely fashion and that appropriate disciplinary or corrective action is taken;
  - The results of the investigation will be reported to the Executive Director and quarterly to the Board of Directors;
  - Referrals for further action, including disciplinary action and/or review by a law enforcement agency may be made upon consultation with legal counsel.
- 11.4 In the event the investigation identifies inappropriate Medicaid billing practices, SBS will:
- Immediately cease the offending practice and all billing potentially affected by the offending practice.
  - If applicable, calculate and repay any duplicate or improper payments.
  - When appropriate, handle any overpayments through the administrative billing process by informing the billing staff and making appropriate adjustments via software used for billing.
  - Undertake appropriate training and education to prevent a recurrence of the misconduct.
  - Conduct a review of applicable SBS procedures to determine whether new or revised policies and procedures are needed to minimize future risk of noncompliance.
  - Conduct, as appropriate, follow up monitoring to ensure effective resolution of the offending practice.

11.5 On a quarterly basis, the Medicaid Compliance Officer will provide a report to the Executive Director and the Board of Directors which includes all investigations and their status. The Medicaid Compliance Officer will also provide the audit findings from any reviews that have taken place throughout the year, as well as corrective actions that have been implemented.

12 **Step By Step Infant Development Center, Inc. is an equal opportunity employer/program.**

13 **Reporting Suspected Medicaid Fraud and Abuse**

13.1 **Parents/Guardians:** Step By Step has a zero tolerance for Medicaid fraud or Medicaid abuse by our employees and independent contractors. Examples of such unacceptable actions include but are not limited to:

1. Providing services in a manner that is not consistent with the "method", "frequency" or location on the child's current IFSP.
2. Requesting parent/caregiver to sign a single or multiple "blank" session note forms.
3. Requesting parent/caregiver to sign a session note without "time in" and "time out" written in.
4. Conducting a make-up session the same day as a regularly scheduled session.
5. Writing letters of justification to increase services when not clinically appropriate.
6. Having the providers complete their time sheets which are not on a contemporaneous basis.
7. Signing provider's time-sheets for services that were not provided on a contemporaneous basis.

13.2 If you encounter any of these situations, please contact our Compliance Officer, Mr. Nochum Halberstam, at 718-633-6666 x\_\_\_\_\_. Your report of any acts of suspected Medicaid fraud or Medicaid abuse will immediately result in an investigation and will not affect your child's Early Intervention services.

14 **Code of Conduct Mission and Values:**

14.1 Step By Step is committed to the following:

- Providing children, their parents, and caregivers with high quality and caring home-based services pursuant to the highest ethical, business and legal standards;
- Having all employees, independent contractors, agents and members and officers of the Board of Directors adhere to the highest ethical and legal standards in all of their dealings with clients, other health care providers, families and caregivers, government entities to whom we report and from whom reimbursement for services is sought and received;
- Avoiding even the appearance of dishonesty or wrongdoing;
- Maintaining the Corporate Compliance Program as an integral part of our corporate mission and business operations.

- 14.2 **Honesty and Truthfulness:** All employees, independent contractors, agents and officers and directors must be honest and truthful in all of their dealings, both within and without, Step By Step. The principles of honesty and truthfulness must be reflected in all activities in which the individual person engages in, including but not limited to the following:
- Provision of early intervention services
  - Documentation of services (e.g. session notes, progress reports, letters of justification)
  - Dates and times of services (session or activity notes must match information entered)
  - Billing of Services
  - Evaluation/assessment of children
  - Discussions with parents, service coordinators, colleagues, staff, city and state officials
- 14.3 **Lawful Conduct:** All employees, independent contractors, agents and officers and directors must avoid doing anything that's, or might be, against the law. If any staff is unsure whether an action is lawful, he or she should check with his or her supervisor or the Compliance Officer prior to making any decisions.
- 14.4 **Cooperation with the Corporate Compliance Program:** All employees, independent contractors, agents and officers and directors must cooperate fully with all inquiries concerning possible compliance issues and actively work to correct any improper practices that are identified.
- 14.5 **Billing-Generally:** All state and city regulations governing billing procedures will be meticulously followed for all services billed by Step By Step.
- All billings must be accurate and truthful. Times of service (time in and time out) must be the actual time a particular service was rendered. Travel times are not billable.
  - No employee or independent contractor should ever misrepresent charges to or on behalf of a client. Deliberate or reckless misstatements to government agencies or other payers will expose the employee or independent contractor to employment or contract termination and criminal penalties.
  - Only those services to children and their families that are consistent with early intervention standards may be billed.
  - Billing procedures must always be based on child's approved IFSP and adequate timely documentation for the service provided and for the charges submitted. Documentation must comply with all applicable regulations. In the event that the Compliance Officer or Program Director deems that the session notes submitted are inappropriate, the Compliance Officer or Program Director will inform the appropriate SBS Unit to advise/inform the service provider responsible that the session notes will not be submitted for billing, resulting in the non-payment of that service provider.
  - Whenever an employee or independent contractor or learns or knows that they have received a payment that they were not entitled to receive, they must report it to the Administrator as soon as possible.

- Whenever Step By Step has learned or knows that it has received payments for which it was not entitled to receive, the payments will be refunded to the NYC Department of Health Early Intervention Program as soon as possible.
  - No employee shall sign the name of another employee on company records.
  - There shall be no alteration of company records unless properly authorized.
15. **General Business Practices:** Step By Step will forego any business transaction or opportunity that can be obtained by improper or illegal means, and will not make any unethical or illegal payments to anyone to induce the use of our services.
- All business records must be accurate and truthful with no material omissions.
- 16 **Payments and Gifts:** Staff may not accept any gifts or other favors from anyone outside of Step By Step that are intended, or could be seen as intending, to influence staff's actions and decisions as Step By Step's employee or independent contractor. Nor they may give anything of value, including bribes, kickbacks, or pay-offs, to any government representative, contractor, vendor, or any other person in a position to benefit Step By Step in any way. Staff may provide or receive, however, ordinary and reasonable and gifts of nominal values not to exceed \$10, if those gifts are not given for the purpose of influencing business behavior of the recipient.
- 17 **Marketing Activities:** staff must be truthful and honest in all representations they make about the Step By Step agency and never agree to offer anything of value in return for referrals.
- 18 **Contractors:** To the extent practicable, all persons and entities with which Step By Step has business relationship with will be asked to cooperate with the agency.
- 19 **Conflict of Interest Rules:** All employees, officers and directors owe a duty of loyalty to Step By Step and any potential conflict of interest must be disclosed to ensure that an appearance of impropriety is not created and that the integrity of the agency operations are not compromised. All employees, officers and directors must thus disclose to the Compliance Officer any financial interest they or a member of their family have in any enterprise that does business or competed with the agency in any manner.
- 20 **Confidential Information:** Staff may not disclose or release without the prior authorization of the appropriate supervisor any confidential information relating to the following: Agency operations, pending or contemplated business transactions, trade secrets, payroll and other personnel records or client information. All confidential information pertaining to the agency is to be used for the benefit of the agency and clients, and is not to be used for the personal benefit of the agency staff, their families or friends.
- 21 **Responsibilities of the Administrator, Program Director, Controller/CFO, and Co-Executive Directors:** These employees have the responsibility to help maintain a work environment in which ethical concerns can be raised and openly discussed. They are also responsible to ensure that the staff they supervise understand the importance of this CCP.

- 22 **Responsibilities of All Employees and Independent Contractors:** All employees and independent contractors are expected to comply and be familiar with all federal and state laws, rules and regulations that govern their job within the agency. All employees and independent contractors are also expected to comply with the standards set forth in this Code of Conduct and with applicable compliance protocols. Strict compliance with these legal and compliance standards is a condition of employment or contract, and violation of any of these standards of conduct will result in discipline being imposed.

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