

## Whistleblower Overview Virtual Learning Session

Moderator: Hello everyone, and welcome to the Whistleblower Overview Virtual Learning Session presented to us by the Office of Counsel to the Inspector General. To participate in the discussion today, or to ask questions, please use the area to the left of the presentation slides that is entitled "Ask a Question." Below the "Ask a Question" banner, there's a section where you are able to submit your questions or comments. Below that "Ask a Question" area, you will see a section named "Event Resources." In the "Event Resources" section, you will be able to download a copy of the slide deck that is being presented for you today. We have the pleasure of having the acting director of the Office of Head Start with us today to open up our call, Dr. Ann Linehan. Dr. Linehan, the floor is yours.

Ann Linehan: So, thank you. I just got a doctor for free. Thank you very much. I'd like to welcome the Head Start community again to the Whistleblower Overview Virtual Learning Session. And I have to tell you, there are over close to 550 people who felt this training was important to – to log on today, and I want to congratulate you. I think that we have been so inundated with so many things COVID related, but sometimes we – we tend to overlook the other parts of our managing as leaders as you do, running organizations, other important aspects. And I think today as a topic, it really is very beneficial for us all to be aware, sort of what our role – roles and responsibilities are in this process. We are so happy to have joining us from the Office of Counsel to the Inspector General, Eyana Esters. Eyana is the HHS whistleblower protection coordinator and the deputy branch chief of the operations team within the HHS Office of Inspector General – Office of Counsel to the Inspector General and Marissa Hill, an associate counsel on OCIG's operations team, which provides legal advice to the Office of Inspector General on law enforcement fiscal and information law matters, including whistleblower reprisal matters. The Office of the Inspector General is responsible for investigating whistleblower reprisal claims related to all Head Start, all HHS grantees, and some grantees. And this includes, of course, Head start grantees and sub grantees. Today's learning session will focus on the whistleblower protections grantee and sub grantee employees have, the whistleblower reprisal investigation overall and OIG's role in investigating whistleblower reprisal allegations, and the obligations you as grantees and sub grantees have in an OIG whistleblower reprisal investigation. Once again, I would like to welcome Eyana and Marissa and I will turn it over to you. Thank you very much.

Eyana Esters: Thank you so much Ann for that wonderful and warm welcome. Good afternoon, everyone. My name is Eyana Esters, and I am the HHS whistleblower program coordinator, and I am joined here today by my colleague, Associate Counsel Marissa Hill. On behalf of the HHS Office of Inspector General, the Office of Counsel to the Inspector General, we thank you for taking the time to learn more about federal whistleblower laws and how they apply to HHS contractors and grantees. We would also like to thank our partners in the ACF Office of Head Start for hosting this webcast. Let's get started. So, for today's agenda, I will first start talking about the role of the HHS whistleblower protection coordinator and what we do in my office. We will then go into a discussion about whistleblowers in general. What is a whistleblower and

what is not a whistleblower, and then, Marissa will take over to discuss our whistleblower statutes for HHS contractors, grantees, sub-contractors, and sub-grantees. We will end this presentation with a discussion of the OIG's role in whistleblower reprisal investigations. We will be taking questions, so if you have any questions during this presentation, please feel free to put them in the chat, and we will be sure to try to answer them at the end of the presentation.

With that, let's start talking about the whistleblower protection coordinator and what my role is for the department. If you've ever heard of the "whistleblower ombudsmen," it is essentially the same exact wording for the coordinator. We just received the – a legal change in a statute, and the name for the whistleblower ombudsman is now the "whistleblower protection coordinator." Our authority, it comes from the Inspector General Act, section 3(D), and I'd like to use the acronym "E.P.I.C." to describe what we do as whistleblower protection coordinators. The first ... The "E" is educate. I'm responsible for educating HHS employees on their whistleblower protections. And while in the statute it indicates HHS employees, we extend that educational portfolio to grantees, sub-grantees, contractors, and sub-contractors as well. The "P" in E.P.I.C. stands for promote. We're responsible for promoting the timely and appropriate handling and consideration of protected disclosures and allegations of reprisal. What that means – in plain English – is that we are responsible for making sure that when a grantee employee files a complaint with us, for whistleblower reprisal or reporting fraud, waste, and abuse, that it is handled in a timely and appropriate manner, and we work with our Office of Investigations to do that. The "I" in E.P.I.C. stands for inform. We provide information to whistleblowers on the timeliness of their retaliation or reprisal complaints, any alternative dispute resolution arenas that may be available for them, for instance, mediation, and other avenues of relief that they may have in the event of retaliation. And then, the "C" in E.P.I.C. stands for connect. We're responsible for coordinating with HHS, such as our partners here in the Office of Head Start at ACF, the Office of Special Counsel, the Counsel for Inspectors General on the Integrity and Efficiency, or CIGIE, Congress and others on any issues related to whistleblower reprisal complaint, timeliness, the appropriate handling of any whistleblower disclosures or reports that we receive, and of course, the implementation and administration of whistleblower protection laws, rules, and regulations.

Now, I'm going to talk about briefly what whistleblowers are. So, who is a protected whistleblower? The OIG receives complaints literally every day, and in a large majority of those complaints, the complainants indicate that they are a whistleblower, but not every person who files a complaint with us is considered to be a protected whistleblower under federal law. There are really only four buckets of individuals who are considered to be protected whistleblowers. The first bucket are federal employees, both civilian employees and our military employees for HHS, that would be the US Public Health Service Commission Corps Officers. Applicants for federal employment are also protected whistleblowers. Federal contractors and sub-contractor employees, including our personal services contractors at HHS, are considered to be protected whistleblowers, as are many of you who are on this call, federal grantee and sub-grantee employees are considered to be protected whistleblowers. So, who is not a protected whistleblower under the law? Medicare and Medicaid beneficiaries; so, if someone were to lose their Medicare or Medicaid benefits, because they filed a complaint with the Office of

Inspector General, we would not be able to investigate any sort of retaliation complaints that they bring because Medicare/Medicaid beneficiaries are not protected whistleblowers. Nor are providers who deliver health care services under a Medicare/Medicaid provider agreement. So, health care professionals who work under provider agreements are not considered to be protected whistleblowers because the provider agreement is not a contract with the federal government. Employees of insurance or pharmaceutical companies are also not considered to be protected whistleblowers. And last but not least, concerned members of the public are not considered to be protected whistleblowers.

So, what's the difference between a whistleblower disclosure and a whistleblower reprisal complaint? So, whistleblower disclosures essentially are complaints from anyone that falls into one of those four categories that we just discussed – so, federal employee, applicant for federal employment, contractor, sub-contractor, grantee, or sub-grantee who alleges unlawful activity. That complaint of unlawful activity is considered to be what's called a whistleblower disclosure, or protected disclosure is another word for it. A whistleblower disclosure is a complaint of fraud, waste, or abuse, including complaints of substantial and specific dangers to public health or safety, including safety of a minor, for instance, or unlawful activity that is filed by one of those protected whistleblowers. Whistleblower retaliation is a different complaint altogether. It is essentially when someone receives an adverse personnel action as a result of them reporting a whistleblower disclosure. So, when an employer takes or fails to take an action against someone, or they threaten to take or fail to take an action against someone for making a report to the Office of Inspector General or to the Office of Head Start at ACF or any other sort of protected sources that we will discuss later, that is considered to be whistleblower retaliation. We also call it whistleblower reprisal. The two words mean the same exact thing. To make it plain, when we receive a protected disclosure or whistleblower disclosure, the wrongdoing in a complaint there is that illegal – is the illegal activity that's being reported by the whistleblower is fraud, waste, or abuse. Whereas when we receive a retaliation complaint, the wrongdoing in that complaint is that adverse personnel action that was taken against that whistleblower because they made a protected disclosure. In those instances, we're looking at the retaliatory personnel action and not the fraud, waste, and abuse. Interesting thing about a whistleblower reprisal complaint is that every complaint that is a retaliation complaint actually creates two cases of investigation for the Office of Inspector General. For instance, the allegation of retaliation is one investigation in which the OIG will be looking at whether or not there was an adverse personnel action that occurred. That second ... The second complaint that we would also look at is the underlying fraud, waste, or abuse that the whistleblower reported. In OIG, the retaliation cases are always investigated by our special agents in the Special Investigations Branch of our Office of Investigation, or SIB. The fraud, waste, and abuse case that was reported by the whistleblower – what we call a disclosure case – can be worked by any special agent in any of our OIG regional or field offices or SIB, as appropriate.

So, I also wanted to spend some time also talking about the disclosure laws under the Inspector General Act. Section 7(b) of the Inspector General Act says that OIG shall not, after receipt of a complaint or information from an employee, disclose the identity of that employee without their consent unless the inspector general determines that such disclosure is unavoidable

during the course of an investigation. Section 8M also prohibits us from disclosing the identity of any individual who files a complaint with the OIG hotline without their consent. So, what that means is that when an employee complains to the OIG, we are prohibited from disclosing their name – their identity – to anyone, even to another HHS agency. That also prohibits our release of any identifying information about that complainant employee: their address, their email, their phone number, their work unit, or other personal identifiers that they may have. We're prohibited from disclosing their names unless it's unavoidable during the course of investigation.

Now, when might it be unavoidable during a course of investigation? Typically, that is when we have a retaliation case, because if we were to go out to any grantee organization and request, for instance, the personnel records for that employee who complained of retaliation, we would need to be able to disclose their name to do it. As a result, for retaliation cases, we always ask the complainant for their consent before moving forward with investigating those cases. Grantees and contractors have mandatory reporting requirements to the OIG or to – to HHS in general. For our contractors under the FAR, the federal acquisition regulations, contractors for HHS are required to disclose information sufficient for law enforcement to identify the nature and the extent of any violations and to identify individuals who may be responsible. Our special agents in the Office of Investigations are law enforcement officers. For grantees, the Code of Federal Regulations 45 has mandatory disclosure requirements for any grantee employee – that would be Office of Head Start grantee employees, for instance – to disclose in writing to HHS or any pass-through entity all violations of federal criminal law potentially affecting a grant. Additionally, the OIG has authority under 45 CFR to receive the right to records, documents, or papers as well as the right to interview grantee personnel as a part of their investigation. And with that, I will turn it over to my colleague Marissa Hill to speak a little bit more about the whistleblower statute.

Marissa Hill: Thank you so much, Eyana. We'll now turn to focusing on the NDAA, which is the contractor grantee anti-retaliation statute. So, the NDAA – we get that acronym from the National Defense Authorization Act for Fiscal Year 2013 – that's where this whistleblower protection first appeared. It's now codified at 41 USC 4712. NDAA expanded whistleblower protections previously only allowed for federal employees, to employees of all federal contractors, sub-contractors, grantees, and sub-grantees. The NDAA provides that a protected individual may not be discharged, demoted, or otherwise discriminated against and reprisal for making a protected disclosure. NDAA also requires that HHS or any federal agency ensure all of its contractors and grantees have informed, in writing, all employees of whistleblower protections, rights, and remedies. So, to briefly go back over protected disclosures, as the Eyana did earlier, through the NDAA, information that is reasonably believed to evidence violation of law rule or regulation related to an HHS contractor grant, gross waste or mismanagement of HHS funds, abuse of authority related to an HHS contractor grant, or substantial and specific danger to public health or safety. It's important to note that the whistleblower's disclosure does not need to be an actual violation of law, just that the whistleblower reasonably believed it was evidence of such. Some things that are not a protected disclosure under the NDAA include violations of Title VII discrimination laws. This includes discrimination based on your

race, gender identity, sexual orientation, and religion. Similarly, union grievances or labor law violations are not protected disclosures under the NDAA, nor are administrative grievances or workplace disputes.

So, protected disclosure is what the whistleblower is saying, but it also matters who you're saying it to. That's what we call the protected source. Disclosure by contractor or grantee or sub-grantee employees are protected only when made to a member of Congress, the OIG, the GIO, any HHS employee responsible for contractor grant oversight, including our friends over at OHS, DOJ, another law enforcement official, court or grand jury, most significantly, a lot of you – management or employees of the contractor grantee, who is responsible for investigating, discovering, or addressing misconduct. That means you can receive protected disclosures from whistleblowers. A few other things that make the NDAA special: One of them is, excuse me, two different rights to sue. One is the right to sue the employer. NDAA gives complainants the right to sue the grantee or sub-grantee once remedies are exhausted with the OIG. If the NDAA gives the complaint ... If the HHS secretary gives an unfavorable decision to the whistleblower, the NDAA gives the complainant the right to sue the secretary themselves. The NDAA also gives the secretary the ability to enforce any order to remediate retaliation against the contractor or grantee employee – we'll talk about that a little bit more later. Something else unique about the NDAA that we wanted to emphasize is that HHS must ensure all contractors, grantees, and subs have informed, in writing, all employees of whistleblower protections, rights, and remedies, and this notification requirement is codified at 41 USC 4712(d).

So, what does an OIG whistleblower reprisal investigation look like? We're just going to go through the basics of what makes an NDAA investigation unique and what might happen if a special agent came knocking at your door. So, under the NDAA, 180 days is how long the statute gives for – between the receipt of the complaint to when a report of findings must be submitted to the HHS secretary. However, this doesn't always happen within 180 days. Extensions can be granted, but they have to be mutually agreed upon by the complainant and OIG. OIG cannot unilaterally extend the time period in NDAA cases. In the report itself, the IG submits this report of findings of the investigation, not only to the complainant, but also to the contractor or grantee involved, as well as the HHS secretary. The secretary himself then determines whether there's sufficient – a sufficient basis to conclude that the contractor or grantee concerned engaged in retaliation, and they must do so within 30 days of receiving the IG's report. There is an issue on ordered nine granting relief, and that relief can really range from something as small as a little bit of back-pay to reinstatement or a promotion that was denied, and you'll see what listed some of these here. Secretary can order a grantee to take any kind of affirmative action to abate the reprisal, anything to make the person whole again. The secretary can also order the grantee to pay the complainant an amount to equal all costs and expenses reasonably incurred by the complainant in bringing their complaint to the OIG. If a contractor or grantee does not follow Secretary's order in remediation, can be enforced a lawsuit in federal district court. So, just to recap what we really hope you take away from NDAA, you know, 4712(d) again, requires that agencies ensure contractors, grantees, and subs inform their employees of their whistleblower protections. HHS OIG has sole jurisdiction to investigate whistleblower retaliation complaints under the NDAA. They cannot be investigated

by other HHS investigative entities. Similarly, HHS OIG cannot, under the IG Act, Section 7(b), disclose the name of any whistleblower without their consent unless it is unavoidable during the course of an investigation. And I'll turn it back over to Eyana.

Eyana: So, this slide just provides our contact information if you have any additional questions that are not – that we're not able to answer on here today. The first one is our OIG hotline, which is where your grantee employees can file any sort of complaints that they have, whether it's a retaliation complaint or a fraud, waste, or an abuse disclosure complaint; that's through our fraud – our report fraud website, or they can call 1-800-HHS-TIPS if they would like to file their complaints that way. We've also provided on this slide the – the email address for me, the Whistleblower Coordinator, which is [Whistleblower.Coordinator@oig.hhs.gov](mailto:Whistleblower.Coordinator@oig.hhs.gov), as well as a couple of helpful links on whistleblower protections that are on our website, including a notice to HHS contractors and grantees that provides that – pretty much a synopsis of the information that we have provided with you today regarding what the protections are for grantee and contractor employees under the NDAA, the whistleblower laws. And with that, I think that we can open it up for any questions.

Ann: So, we have – there's a lot to unpack here. My – my head is spinning and ... Even as a federal employee, I have a lot of questions, but let's get to our audience's questions first. The first one is, “Are 1099 contractors protected?”

Eyana: So, a 1099 contractor is simply an independent contractor. The statute does not make any sort of distinctions between the types of contractors that are – that are protected under the law, and even – it doesn't even have a definition of a contract. So essentially, if you have a contract subject to the federal acquisition regulations, even if it's a sole source contract with – with an HHS entity, then yes, the employees of that contractor are protected as is if it's a sole contractor and it's just an army of one, and you feel like you're retaliated against, you would be covered under that statute.

Ann: So, let me give you a concrete ... I think I understand you, let me give you a concrete example. We have many – many Head Start programs that have arrangements, contracts, consult – consultant agreements with, let's say a mental health coordinator who might work, you know, for the agency 20 hours – 20 hours a month to 30 hours a month. Would that person fall under the protected category?

Eyana: If that person has, for instance, is considered to be a sub-contractor, maybe with that entity, then yes, they could be protected.

Ann: So, I think that's probably the part that is maybe if – we need to tease out what is a sub-contractor versus a consultant with someone that just has that ... It feels different to us as sub grantees versus a contractor who may be employed – get paid 30, you know, 30 hours a week or something, or a month.

Eyana: I mean, it's a very interesting question because the statute itself does not make sort of a distinction. You know, a consultant, for instance, someone who doesn't really have any sort of a

contractual agreement with the contractor or a grantee probably wouldn't be covered. But the, we would have to look back at case law to see if they've ever determined if a consultant is a carve out for the NDAA for the grantee and contractor statute. So, we can certainly provide that that information to you all at a later time after we've done a little bit more research on the consultants.

Ann: Because I think it leads to the question where you talked about 41 UFC, about HHS must ensure all contractors is grantees and subs have informed in writing all employees of whistleblower protections. So, you know, that's not something the board has to approve because it's a federal requirement. So, I'm wondering in what situations, for example, where there are clear contracts, then grantees are really responsible to have notified that contractor in writing of these protections, is that accurate?

Eyana: Yes, that is accurate, that they would have to notify those contractors in writing that the grantee organizations would have to do that as well, that they would have to write both their sub grantees, their sub-contractors, any of their contractors, they would have to notify that population in writing of these protections. And one of the things that we've kind of tried to do to make it a little bit easier on grantees and contractors is one of the links in the slide deck on that last page is an NDAA notice to HHS contractors, and that's what OIG uses to notify its contractor population and grantee population. Any contractor or grantee could take that notice and provide it to their own folks and their own contractors and grantees, and that should satisfy that requirement.

Ann: That's great. Maybe we can kind of lift that out and make it easy for folks to see what it is. Let me ask you, so I'm not surprised this question came in. We think about employees, and we think about contractors, but obviously Head Start parents play a big role. So, someone asks, "If a Head Start parent who's on Medicaid or Medicare makes a complaint, are they not protected under the Whistleblower Protection Act? "

Eyana: That's an excellent question, and the answer is that they are not protected. Medicare, Medicaid – and Medicaid beneficiaries in general are not considered to be protected under the Whistleblower Protection Act or the NDAA or any other sort of federal whistleblower law that we we're talking about today. Now, there is an entirely other statute, a False Claims Act, that does have its own qui tam whistleblower retaliation provisions underneath that particular law, when there's been a false claim against Medicare and Medicaid, and that is a completely different statute, but no, they are not protected under the Whistleblower Protection Act.

Ann: OK, and – and again, these slides, we will post them on our websites, but any anyone that's watching this, I mean, anyone could download these and share them, correct? There's no prohibition there?

Eyana: That's correct.

Ann: OK. Another question, does the FWA investigation also extend to any allegations that a Head Start regulation was not followed?

Eyana: Yes, it would. That would be considered to be something that is – is, you know, an – an unlawful activity. There ... The list, as to what is considered to be a protected disclosure, goes to many things, including, you know – you know, those sorts of unlawful activities, missed – gross mismanagement, mismanagement of funds, a substantial and specific danger to public health or safety ... It covers a lot of things. And so, yes, that would definitely be something that would be covered.

Ann: And what about the situation ... You said, in some cases, if the OIG decides that they have to disclose the person's name, that's sort of their authority to do so. But what about in the situation where you're giving someone a choice and they say, "No, I don't want my name to be disclosed." What happens in those cases? Is it perceived? Does it weaken the case?

Eyana: So, that's a great question, too. It really depends on the type of complaint that they filed. If the whistleblower has filed a retaliation complaint and they indicate, you know, "I just don't feel comfortable giving consent for the disclosure of our – of that complaint," unfortunately, our Office of Investigations is going to have to close that complaint, because there's no way that they can investigate a personnel action without providing the grantee or the contractor with the name of the employee in order to get their personnel files and to investigate it properly. So, if it was a retaliation complaint, failure to give consent leads to the closure of the complaint, and the complainant is made aware of that. If it is a disclosure complaint where the – where we're talking about fraud, waste, or abuse or reporting of unlawful activity, there hasn't been any sort of retaliation – in those instances, it really depends on the type of evidence that we receive as to whether or not we – we close it. You know, if we have enough evidence that the whistleblower is able to provide to where we could do a thorough investigation without having to disclose the name of the whistleblower, then we may move forward with doing that investigation. But if we can't, then we would have to notify the complainant that we won't be able to move forward with the investigation.

Ann: Another interesting question came in because, you know, in Head Start we rely on parent volunteers. And sometimes, in parents volunteer, depending on what they're volunteering, grantees can count that as part of their non-federal share. So, it's like revenue to the program, meeting your match. So, the question came up is volunteers are – and I think in this case, it would be specific are, you know, people that are volunteering in the Head Start program, are they covered?

Eyana: No, because volunteers are not considered to be employees of the organization.

Ann: OK, could you review for both grantees that are listening and – I am sure there's some federal staff on this that are listening – what our responsibilities are? If I am a grantee and my employee comes to me and discloses something that falls under whistleblower, but they kind of don't know – that the person making the complaint doesn't even know that they're sort of protected under the Whistleblower Act, is the grantee responsible to inform them of that, or is the grantee have any responsibility because they know it's ... Does someone have to say, "I'm a Whistleblower" for something – for them to be protected?



Eyana: That is a great question as well, and the answer to the question of whether or not the person has to say "I'm a whistleblower" in order to assert that right ... They do not have to use those magic words. The rights go along with the position. So, if the employee is an employee of a grantee or contractor or federal employee, they automatically have whistleblower protections regardless of whether or not they, you know, assert that they are, you know, saying, "I'm a whistleblower, and I'm making a complaint." The responsibility for a manager who receives one of those sorts of – those complaints is to – if it's a complaint, for instance of fraud, waste, and abuse, they can be and it's – it's something that, for instance, it's criminal, they can persuade the employee to go ahead and report that criminal action to the Office of Inspector General, through our hotline. If it's, you know, they feel like they were retaliated against within the organization because of a prior – a prior disclosure, they will have – they also have that right and can be told that they can report it, or, you know, the organization can try to remediate any sort of retaliation that –that they believe have occurred in and do their own investigation as well. You know, however, that does not alleviate the employee's right to be able to file a complaint with us either end. I should also mention for federal employees who are on here, HHS employees who are listening in, that, you know, your role is twofold if you're in a grant management or grant oversight position. You could receive whistleblower disclosures from the grantee's employees, but you also have your own rights as well. And for grant – for HHS employees, you'd have the opportunity to not only just report to the Office of Inspector General, but the Office of Special Counsel also receives whistleblower retaliation complaints, but only from federal employees. So, that option is not available for the grantee and the contractors.

Ann: So, there is the potential that an employee or a contractor could have a legitimate complaint, make that complaint to the grantee, the grantee never really provides the whistleblower protections, and just ... I guess what I'm getting at is there a lot of this that can go undetected because people are really not aware of their rights?

Eyana: And that is why the statute requires that grantees are responsible for notifying their employees of these rights. And the way that they could do that in, you know, in written form is by use of, you know, an NDAA notice, like the one that we have on our website or in some other, some other fashion. Or by, you know, allowing employees for instance, to tune into a webcast, but they are responsible for making those notifications.

Ann: OK. Kenisha, did you have a question?

Kenisha: Yeah, I was just ... Yeah, I was just clarifying or just making certain that, you know, the onus would be then on, you know, the onus is not necessarily on the – the person or the employee making the whistleblower complaint to say "I'm a whistleblower." The onus to know that and to understand what goes along with what's being reported to them falls on the – on management – on the grantee and for us as federal staff as well when it – when we're receiving that information. So, I'm glad that we have the option to upload the templates. I know we received some questions about, "Well, how does this notice look like? What would it entail to

put people on notice about their rights, and what's offered under this act?" So, we can upload ... You said that there's a link to that, Eyana, on your website to the NDAA notice?

Eyana: Yes. Yes. If you look at the – this last slide that is up now, the second bullet from the bottom “NDAA-Notice-HHS-Contractors,” that's – that is our notice to all HHS contractors and grantees about what their rights are, and it summarizes on a one-page sort of document, you know, what those rights are. You can simply, you know, peel that off and send it on out to your grantee employees and your contractor employees, and you'll be in compliance.

Kenisha: Perfect. Thank you.

Ann: Don't know that we have any other ... There's a lot of information here to absorb that. I think that you've broken it down for us, that we kind of are walking away knowing what the – it's all important – but sort of what we really need to know both as grantee leadership, federal staff, and our – and our obligations to really make this known to our – to the people that we employ. It's really important.

Eyana: Thank you, and anything that we can do, you know, even as a follow-up after this call, that would be helpful for, you know, the Office of Head Start or any of the grantees or contractors to get more of the word out on whistleblower protections. We are all ears, you know, and of course, answering any additional questions that anyone may have, please feel free to contact us. For the grantee population out there, you can always feel free to email us at [Whistleblower.Coordinator@oig.hhs.gov](mailto:Whistleblower.Coordinator@oig.hhs.gov). I will put this plug out there that the grantee whistleblower statute is not that old. It's only been around since, you know, since 2013. And so, you know, case law in this area is constantly evolving and new categories of individuals being covered by the federal whistleblower laws change all of the time with new Congresses. You know, different things change. And so, you know, we will always update our website and update – you know – and provide the most pertinent information about this, but please feel free at any time to give us a call if you have any questions, or contact us by email, I should say, if you have any questions.

Ann: Well, we have one last question, which I think ... And I – and I hope I wasn't – I would hope I was paying attention and you haven't answered it. But, you know, we've talked about the template that could be easy to lift out and that, you know, something that you could disseminate the staff. What if I said, “You know what? I'm just going to put it in our personnel policy, and we're covered.” Is that ... That to me feels a little bit different than ensuring that your staff are knowledgeable about this. Is there ... What is your sense of that?

Eyana: Putting it in a personnel policy or in a personnel handbook is OK so long as you end up disseminating it to staff and letting them know that it's been updated to, you know, to include those whistleblower statutes so that – I mean whistleblower law– so that there is direct notification of that – of those laws.

Ann: OK. Well, Eyana and Marissa, we can't thank you enough. And there are over 700 folks that have been listening in. So, I think you hit a chord, even in this, you know, this, you know,

incredible time for us when we're so worried about the health and safety of our children and families and staff. It just goes to show you that people really do care about the other parts of business that continue despite the pandemic. So, we really want to thank you. We're so happy that you reached out. I think this is kind of the first time that we worked in a joint training, so we really appreciate it immensely.

Eyana: Thank you for having us. We really appreciate the partnership that OHS has been – has given to us and the opportunity to reach out to all of your constituents. So, thank you so much.

Ann: OK, thank you. And I guess we can bring it to a close folks. Thank you very much. And keep safe. Keep safe and make good decisions based on local data.