Central New York Developmental Disabilities Service Office

3660234

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 25 to March 31, 26

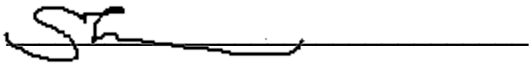
Contracting State Agency Name: OPWDD - Central New York DDSOO
Contract Number: C0SCN00557 Agency Business Unit: 51240
Contract Term: 03/01/2023 to 02/29/2028 Agency Department ID: 3660234
Contractor Name: Cedar Park Group Inc.

Contractor Address: 2 Lawson Avenue, Suite 11, East Rockaway, NY 11518
Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best fits):

☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
Total this Page	0.00	0.00	$ 0.00
Grand Total			0

Name of person who prepared this report: SAMANTHA TERLINE
Title: PRESIDENT Phone #: 5165597002
Preparer's Signature: 
Date Prepared: 05/07/26

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Central New York DDSOO
Contract Number: C0SCN00559 Agency Business Unit: 51240
Contract Term: 03/01/2023 to 02/29/2028 Agency Department ID: 3660234
Contractor Name: Cross Country Staffing, Inc. dba Cross Country Healthcare Staffing Services
Contractor Address: 6551 Park of Commerce Blvd., Boca Raton, FL 33487
Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best fits):
☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Per Diem Staffing	89.00	14019.96	$602,359.62
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
Total this Page	89.00	14,019.96	$602,359.62
Grand Total			

Name of person who prepared this report: Tonya Fazio
Title: Regional Director Phone #: 585-241-3010
Preparer's Signature: Tonya Fazio
Date Prepared: 4/8/2026

(Use additional pages, if necessary) Page of

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Central New York DDSOO
Contract Number: C0SCN00562 Agency Business Unit: 51240
Contract Term: 03/01/2023 to 02/29/2028 Agency Department ID: 3660234
Contractor Name: Priority Care Home Services LLC DBA Priority Cleans

Contractor Address: 36-46 37th Street, Long Island, NY 11101
Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best fits):

☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Personal Care Associate	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
Total this Page	0.00	0.00	$ 0.00
Grand Total	0	0	0

Name of person who prepared this report: Ezekiel Segun Olaniyi
Title: Founder/CEO
Phone #: (347) 985-3863

Preparer's Signature: _____

Date Prepared: 05/07/2026

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Central New York DDSOO
Contract Number: C0SCN00742 Agency Business Unit: 51240
Contract Term: 11/01/2024 to 10/31/2029 Agency Department ID: 3660234
Contractor Name: National Eye Care, Inc.
Contractor Address: 2264 Saranac Avenue, Lake Placid, NY 12946
Description of Services Being Provided: Optometry

Scope of Contract (Choose one that best fits):
☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Optometry Services	1.00	56.00	$26,600.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
Total this Page	1.00	56.00	$26,600.00
Grand Total			

Name of person who prepared this report: Angela Gavin
Title: Office Manager Phone #: 518-302-5578
Preparer's Signature: Angela Gavin
Date Prepared: 05/06/2026

(Use additional pages, if necessary)