

# SOCIAL SERVICES COMMITTEE

March 27, 2009

## AGENDA

### **Motion to accept minutes of previous meeting (2/27/09)**

1. Overtime Report
2. FYI – For the RFP on CPA’s consulting for eligibility reviews, I did not take the “lowest bid” as it would have required 6 hours travel time at their hourly rate each time they came out. I took the second lowest bid.
3. FYI – We were notified on 3/13/09 that we will be getting additional monies for Child Support Incentives on an upcoming settlement for 2007. This will be an additional \$29,215.00.
4. We are getting a retroactive payment for FMAP which totals \$539,738 for 10 – 12/08. We should have already received that and will be receiving an additional payment for the 1 – 3/09 quarter of \$311,160 within the next few days.
5. Request permission to fill a Preventive Caseworker position due to a retirement that is effective 4/3/09 of employee number 9282 this would be a savings of \$5,993.00. This position is 82% reimbursed by the Federal and State dollars. We currently have a caseload of 106 cases for 7 staff.
6. Request permission to fill a Social Welfare Examiner position due to a retirement that is effective 5/29/09 of employee number 10005 this would be a cost savings of \$4,509.00. The caseload has increased 25% and we will be getting additional funding through the Stimulus packet in Food Stamp Administration for the next two years. This position is at least 69% reimbursed by Federal and State dollars.

7. Request permission to fill a Social Welfare Examiner position due to a retirement that is effective 3/11/09 of employee number 10163 this would be a cost savings of \$4,509.00. This caseload has increased by 40%. This position is reimbursed 59% by Federal and State dollars.
8. Request a resolution for permission to contract with Accu Care Home Health Services, Inc. for private duty nursing for one individual residing in Warren County. This is paid out of Medicaid monies.
9. Training Requests:
  - a. Request permission to send 2 staff to Child Protective Services Response Training in Albany May 4 – 8, 2009 and May 18 – 22, 2009.
  - b. Request permission to send 1 staff to CW/CPS Supervisory Core Mod 1 Training in Albany on 5/27 – 5/28/09 and 6/9 – 6/11/09.
  - c. Request permission for 5 staff to Child Protective Services Supervisory Core in Albany June 23 – 25, 2009 and July 7 – 9, 2009.
  - d. FYI – I had Chairman Tessier sign permission for 1 staff to attend the Chronic Care Training Institute in Albany from 3/31 – 4/3/09.
  - e. Request permission for me to attend White Eagle in Hamilton May 5 – 7, 2009.
  - f. Request permission to send one staff to GPS/MAPP Leader Certification training in Albany from 4/21 – 4/24 & 5/4 - 5/8/09.
  - g. Request permission for new staff to attend CW/CPS Common Core in Albany on the following dates 6/22 – 6/26/09, 7/6 – 7/10/09, 7/21 – 7/24/09, 8/4 – 8/7/09, 8/18 – 8/21/09.
  - h. Request permission for one staff to attend the Child Protective Services Response Training in Albany 8/31 – 9/4 & 9/14 – 9/18/09.
  - i. Request permission for 1 staff to attend the Child Abuse Prevention Conference April 20 – 22, 2009.

10. I have concerns regarding the legal unit and caseload. Our legal unit is overwhelmed and the Child Protective Caseload has increased by 61% over the last year from 50 petitions to 82 petitions (2007 to 2008). In addition all the Foster Care cases now require an additional permanency hearing every six months. We are losing cases due to lack of time for legal staff to prepare and the court is not happy with the timeliness of getting court orders. I would like permission to increase our legal staff to three full time attorneys by creating a Social Services Attorney. Currently we have two and a half attorneys. I am currently looking for the funding to create this position. I have not yet had an opportunity to discuss this with Mr. Dusek.

11. Referral update:

- Regarding placement of an outreach program facility in the Town of Warrensburg
- Update on Methadone client, Mr. Payne has a meeting set up with Whitney Young for April 8<sup>th</sup>.

## Overtime Report

### *Pay period ending 3/1/09*

CPS after-hours	22.9
Foster Care after hours	.6
SCU	3
MA	7
TA	19
HEAP related OT	<u>5</u>
	57.5

### *Pay period ending 3/15/09*

CPS backlog	.5
CPS after-hours	9.35
Foster Care after hours	4
SCU	2
MA	6
HEAP related OT	6
TA OT	<u>24</u>
	48.85

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

DEPARTMENT NAME: Social Services

DATE: 3/9/09

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide private duty nursing for one person
- (c) Name of Contractor: Accu Care Home Health Services, Inc.
- (d) Address of Contractor: PO Box 148, 87 Washington Street, Rensselaer, NY 12144
- (e) Contractor's Contact Person and Telephone Number: JoAnn R. Curry, RN,  
449-1142
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: 5/1/09
- (h) Termination Date of Contract: 4/30/10
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. based on submission of MMIS bills
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.6100-470 MMIS

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Caseworker

Base salary \$34,178.00

Budget code and title 40.01 A.6010

This position is vacated due to:  Retirement  Resignation  Termination

Employee No. 9282

### COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services Date 3/27/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature



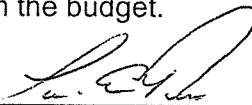
### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 3/27/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature



### PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature \_\_\_\_\_

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Social Welfare Examiner

Base salary ~~\$34,900~~ <sup>\$29,199</sup>

Budget code and title 40.06 A.6010

This position is vacated due to:  Retirement  Resignation  Termination

Employee No. 10163

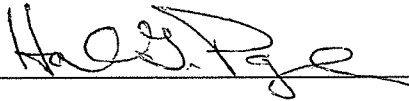
### COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services Date 3/27/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature \_\_\_\_\_



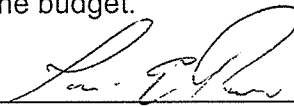
### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 3/27/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature \_\_\_\_\_



### PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature \_\_\_\_\_

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Social Welfare Examiner

Base salary \$31,900

Budget code and title 40.06 A.6010

This position is vacated due to:  Retirement  Resignation  Termination

Employee No. 10005

### COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services Date 3/27/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature *Harold B. Payne*

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 3/27/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending :  
board to have the position removed from the budget.

Ranking Committee Member Signature *L. E. G.* *rescinded*  
*do not process*

### PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature \_\_\_\_\_

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Maureen Schmidt  
(Supervisory Committee) Nicole Pustaika  
(Employee Name)

to attend Child Protective Services Response Training  
(Name of meeting or organization)

at CDHS 3 Marcus Blvd., Albany, NY  
(Address)

on 5/4 - 5/8/09 Mode of transportation to be used N/A  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Per the discretion of the Commissioner

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

Room rate \$ 50.00 per night GSA \* Rate \$ \_\_\_\_\_

Meal costs - GSA \*per diem rate \$ 13.00 per day, lunch only \* [www.gsa.gov](http://www.gsa.gov)

Date: 3/3/09

Shirley M. Weaver  
Department Head Signature

Date: 3/22/09

[Signature]  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

## Mulcahy, Cynthia (DFA4-A52)

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**From:** StarsRequests@bsc-cdhs.org  
**Sent:** Tuesday, March 03, 2009 10:17 AM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** Albany- Child Protective Services Response Training J-1 -Revised  
**Attachments:** 153562\_Registration\_Form.pdf; 153562\_TravelPolicy.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

## TRAINING ANNOUNCEMENT

Training Title

### Child Protective Services Response Training J-1

Provider

**SUC Buffalo - CDHS**

Date & Time	Location	Registration Deadline	Lodging
<b>*For deliveries that have different starting times, please see actual starting times under additional information below.</b>			
05/04/2009 - 05/08/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Rosa Park , Albany 12205- 1129 Contact: Melissa Swift Phone: (518) 435-1825	04/20/2009	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250
05/18/2009 - 05/22/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Rosa Park , Albany 12205- 1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250

#### Additional Information

**There is no advanced meal money for this training.**

**Training Times are as follows:**

#### Week One:

**Monday - 1:00PM - 4:00PM; Tuesday - 9:00AM - 5:00PM; Wednesday - Thursday - 9:00AM - 4:30PM  
Friday - 9:00AM - 12:00PM**

#### Week Two:

**Monday - 12:00PM - 4:30PM; Tuesday - 9:00AM - 4:30PM; Wednesday - 9:00AM - 4:00PM; Thursday -  
9:00 - 4:30PM; Friday - 9:00AM - 12:00PM**

#### Connections training dates:

**Week 1 - 5/4pm and 5/5am**

**Week 2 - 5/20 full day**

#### Course Description

This two-module training program, which includes two days of CONNECTIONS training, builds on the

3/3/2009

knowledge and skills taught in the Common Core, and will prepare local district caseworkers to competently investigate, respond to, and document reports of child abuse and maltreatment.

This training combines Child Protective Services Response Training and the CONNECTIONS course CPS Investigation & Case Management. Participants will no longer need to attend The CONNECTIONS course in addition to CPSRT. This program is eight full days of training. The program is delivered in two modules; each module is three full days and two half days in length to accommodate trainee travel needs and the Connections training. Registration for this integrated training has been combined.

**Training Description**

Please see above "Course Description" for training details.

**Target Population**

New Child Protective Services caseworkers.

**Course Prerequisites**

CW/CPS Common Core.

**Course Content**

Child Protection

**Pre-registration Required**

Yes

**Reimbursement**

Mileage & Hotel

**Training Fees**

Local District, ACS and HRA staff will be charged Training fees

**Meets In-Service CPS Requirements**

Yes

**For Additional Course Information Contact**

Phyllis Keiffer  
Phone: (716) 796-2042  
Email: [PhyllisK@bsc-cdhs.org](mailto:PhyllisK@bsc-cdhs.org)

For Registration Questions  
Call: (716) 876-7600  
or Email: [Registration\\_Services](mailto:Registration_Services)

If you do not wish to continue to receive state sponsored training announcements, please click the link below to unsubscribe. Please be advised that you can always check for upcoming state sponsored training events at the STARS web portal <http://stars.bsc-cdhs.org>

Click this link to unsubscribe: [stars@bsc-cdhs.org](mailto:stars@bsc-cdhs.org)

## Travel and Accommodation Policy

	<p><b>The items indicated below apply to this training event:</b></p> <p>The rates quoted below are estimates and subject to change.</p>
<input checked="" type="checkbox"/>	<p>CDHS will not reimburse trainees for travel of less than 35 miles from trainees' workplace to the training site. Such travel is determined by the reimbursement policy of the trainee's local district or agency.</p>
<input checked="" type="checkbox"/>	<p>CDHS will, at the rate of 0.21 per mile, reimburse trainees who travel more than 35 miles from the workplace to the training site. SDC or provider coordinators will arrange carpooling. Only designated drivers chosen by them will be reimbursed.</p>
<input checked="" type="checkbox"/>	<p>In order to be eligible for overnight stay, the training program must be 3 or more consecutive days in length; or          The trainee must travel 50 miles or more to the training site; or          The trainee must travel <b>one hour</b> or more to the training site.</p> <p>Trainees will be eligible for overnight reimbursement the day before a training if the training will begin at 9:00 A.M. (or earlier) the following day and if the above criteria applies.</p>
<input checked="" type="checkbox"/>	<p>Double-room occupancies are billed to CDHS. All rooms paid for by CDHS are non-smoking. You must request a single in order to reserve a smoking room.          Please note: All hotels affiliated with Marriott are smoke-free facilities. Hotels charge a substantial room-cleaning fee, if they determine that smoking has occurred in a non-smoking room. The hotel will directly charge the trainees registered for that room, as CDHS is not responsible for this additional fee.</p> <p>For requested single rooms, CDHS will pay the hotel directly for one-half the double-room rate. The double-room rate for this hotel is 100.00. The single room rate is 100.00. Trainees will be responsible for paying the remainder of the hotel bill upon check-out. A tax exempt certificate from your agency is required.</p>
<input checked="" type="checkbox"/>	<p>CDHS will reimburse trainees for breakfast and dinner up to trainees' per diem rate, but will not provide meals. Lunch is <b>not</b> reimbursable.          * Per diem rates: Trainee will be reimbursed up to a maximum of 5.00 for breakfast and 15.00 for dinner.</p>

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Christian Hanchett  
(Supervisory Committee) (Employee Name)

to attend CW/CPS Supervisory Core- Mod I  
(Name of meeting or organization)

at CDHS 3 Marcus Blvd., Albany, NY  
(Address)

on 5/27-5/28/09 Mode of transportation to be used N/A  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Per the discretion of the Commissioner

**Proper documentation must be attached when submitting for approval.**  
(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

Room rate \$ 50.00 per night GSA \* Rate \$ \_\_\_\_\_

Meal costs - GSA \*per diem rate \$ 13.00 per day, lunch only \* [www.gsa.gov](http://www.gsa.gov)

Date: 3/3/09

Shirley M. Tolson  
Department Head Signature

Date: 3/27/09

[Signature]  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

## Mulcahy, Cynthia (DFA4-A52)

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**From:** StarsRequests@bsc-cdhs.org  
**Sent:** Tuesday, March 03, 2009 10:18 AM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** Albany- CW/CPS Sup Core Trng Mod 1 Foundations-Sup Effectiveness Trng (SET) C-1  
**Attachments:** 156047\_156050\_Alb C 5-20 TravelPolicy.pdf; 156047\_Registration\_Form.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

## VIRTUAL CLASSROOM TRAINING ANNOUNCEMENT

Training Title

**CW/CPS Sup Core Trng Mod 1 Foundations-Sup Effectiveness Trng (SET) C-1**

Provider

**SUC Buffalo - CDHS**

Date & Time	Location	Registration Deadline	Lodging
<b>*For deliveries that have different starting times, please see actual starting times under additional information below.</b>			
05/20/2009 01:30 PM to 03:30 PM	Virtual Classroom Contact: virtual.classroom@ocfs.state.ny.us Phone: (800) 810-1349	05/05/2009	
05/21/2009 01:30 PM to 03:30 PM	Virtual Classroom Contact: virtual.classroom@ocfs.state.ny.us Phone: (800) 810-1349		
05/27/2009 - 05/28/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250
06/09/2009 - 06/11/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250

### Additional Information

**Introduction to LearnLinc is a pre-requisite for all iLinc courses and a computer headset with microphone is required to participate. For technical support, please call 1-800-810-1349.**

3/3/2009

**Course Description**

This program will provide supervisors with the knowledge and skills necessary to effectively support and supervise child-centered, family-based, strengths-based child welfare practice. This component has a prerequisite LearnLinc component which will provide supervisors with the fundamentals of Supervisory Effectiveness Training (SET), and the supervision of safety and risk

**Training Description**

Please see Course Description in the paragraph above.

**Target Population**

Supervisors in child welfare/child protective services

**Course Prerequisites**

LearnLinc sessions: Supervisory Effective training (SET); Supervising Safety, Supervising Risk

**Course Content**

Casework Practices

**Pre-registration Required**

Yes

**Reimbursement**

Mileage & Hotel

**Training Fees**

Local District, ACS and HRA staff will be charged Training fees

**Meets In-Service CPS Requirements**

No

**For Additional Course Information Contact**

Phyllis Keiffer  
Phone: (716) 796-2042  
Email: [PhyllisK@bsc-cdhs.org](mailto:PhyllisK@bsc-cdhs.org)

For Registration Questions  
Call: (716) 876-7600  
or Email: [Registration\\_Services](mailto:Registration_Services)

If you do not wish to continue to receive state sponsored training announcements, please click the link below to unsubscribe. Please be advised that you can always check for upcoming state sponsored training events at the STARS web portal <http://stars.bsc-cdhs.org>

Click this link to unsubscribe: [stars@bsc-cdhs.org](mailto:stars@bsc-cdhs.org)

## Travel and Accommodation Policy

	<p><b>The items indicated below apply to this training event:</b></p> <p>The rates quoted below are estimates and subject to change.</p>
<input checked="" type="checkbox"/>	<p>CDHS will not reimburse trainees for travel of less than 35 miles from trainees' workplace to the training site. Such travel is determined by the reimbursement policy of the trainee's local district or agency.</p>
<input checked="" type="checkbox"/>	<p>CDHS will, at the rate of 0.21 per mile, reimburse trainees who travel more than 35 miles from the workplace to the training site. SDC or provider coordinators will arrange carpooling. Only designated drivers chosen by them will be reimbursed.</p>
<input checked="" type="checkbox"/>	<p>In order to be eligible for overnight stay, the training program must be 3 or more consecutive days in length; or          The trainee must travel 50 miles or more to the training site; or          The trainee must travel <b>one hour</b> or more to the training site.</p> <p>Trainees will be eligible for overnight reimbursement the day before a training if the training will begin at 9:00 A.M. (or earlier) the following day and if the above criteria applies.</p>
<input checked="" type="checkbox"/>	<p>Double-room occupancies are billed to CDHS. All rooms paid for by CDHS are non-smoking. You must request a single in order to reserve a smoking room.          Please note: All hotels affiliated with Marriott are smoke-free facilities. Hotels charge a substantial room-cleaning fee, if they determine that smoking has occurred in a non-smoking room. The hotel will directly charge the trainees registered for that room, as CDHS is not responsible for this additional fee.</p> <p>For requested single rooms, CDHS will pay the hotel directly for one-half the double-room rate. The double-room rate for this hotel is 100.00. The single room rate is 100.00. Trainees will be responsible for paying the remainder of the hotel bill upon check-out. A tax exempt certificate from your agency is required.</p>
<input checked="" type="checkbox"/>	<p>CDHS will reimburse trainees for breakfast and dinner up to trainees' per diem rate, but will not provide meals. Lunch is <b>not</b> reimbursable.          * Per diem rates: Trainee will be reimbursed up to a maximum of 5.00 for breakfast and 15.00 for dinner.</p>

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Maureen Schmiot, Nicole Pustolka, Kim George, Julianna Pearl, Christian Hanchett  
(Supervisory Committee) (Employee Name)

to attend Child Protective Services Supervisory Core  
(Name of meeting or organization)

at CDHS 3 Marcus Blvd., Albany, NY  
(Address)

on 6/23-6/25/09 Mode of transportation to be used N/A  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Per the discretion of the Commissioner

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

Room rate \$ 50.00 per night GSA \* Rate \$ \_\_\_\_\_

Meal costs - GSA \*per diem rate \$ 13.00 per day, lunch only \*[www.gsa.gov](http://www.gsa.gov)

Date: 3/3/09

Shirley M. Hagan  
Department Head Signature

Date: 3/27/09

[Signature]  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

## Mulcahy, Cynthia (DFA4-A52)

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**From:** StarsRequests@bsc-cdhs.org  
**Sent:** Tuesday, March 03, 2009 10:21 AM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** Albany- Child Protective Services Supervisory Core Training Module Two A (C-LL)  
**Attachments:** 155704\_155705\_Travel Alb C 6-17.pdf; 155704\_Registration\_Form.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

## VIRTUAL CLASSROOM TRAINING ANNOUNCEMENT

Training Title

### Child Protective Services Supervisory Core Training Module Two A (C-LL)

Provider

SUC Buffalo - CDHS

Date & Time	Location	Registration Deadline	Lodging
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\*For deliveries that have different starting times, please see actual starting times under additional information below.

06/17/2009 01:30 PM to 03:30 PM	Virtual Classroom Contact: virtual.classroom@ocfs.state.ny.us Phone: (800) 810-1349	06/02/2009	
06/23/2009 - 06/25/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Breakout A , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250
07/07/2009 - 07/09/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Breakout A , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250

#### Additional Information

**Introduction to LearnLinc is a pre-requisite for all iLinc courses and a computer headset with microphone is required to participate. For technical support, please call 1-800-810-1349.**

#### Course Description

This program will provide supervisors with the knowledge and skills necessary to effectively support child-centered, family-focused, strengths-based child protective services practice. This program will focus on utilizing the SET competencies (i.e., setting expectations, monitoring performance, providing feedback, and coaching) to promote best practice standards in child protective work.

3/3/2009

**Training Description**

Please see Course Description in the paragraph above.

**Target Population**

Supervisors or other local district staff having responsibility for supervision in child protective services.

**Course Prerequisites**

Common Core for Caseworkers, or Core Essential Skills for Experienced Caseworkers, CPS Response Training, and CW/CPS Supervisory Core completed by December 31, 2006 or Child Welfare/Child Protective Services Supervisory Core Training: Module One, Foundations (including the LearnLinc sessions)

**Course Content**

Casework Practices

**Pre-registration Required**

Yes

**Reimbursement**

Mileage & Hotel

**Training Fees**

Local District, ACS and HRA staff will be charged Training fees

**Meets In-Service CPS Requirements**

Yes

**For Additional Course Information Contact**

Phyllis Keiffer  
Phone: (716) 796-2042  
Email: PhyllisK@bsc-cdhs.org

For Registration Questions  
Call: (716) 876-7600  
or Email: Registration Services

If you do not wish to continue to receive state sponsored training announcements, please click the link below to unsubscribe. Please be advised that you can always check for upcoming state sponsored training events at the STARS web portal <http://stars.bsc-cdhs.org>

Click this link to unsubscribe: [stars@bsc-cdhs.org](mailto:stars@bsc-cdhs.org)

## Travel and Accommodation Policy

	<p><b>The items indicated below apply to this training event:</b></p> <p>The rates quoted below are estimates and subject to change.</p>
<input checked="" type="checkbox"/>	<p>CDHS will not reimburse trainees for travel of less than 35 miles from trainees' workplace to the training site. Such travel is determined by the reimbursement policy of the trainee's local district or agency.</p>
<input checked="" type="checkbox"/>	<p>CDHS will, at the rate of 0.21 per mile, reimburse trainees who travel more than 35 miles from the workplace to the training site. SDC or provider coordinators will arrange carpooling. Only designated drivers chosen by them will be reimbursed.</p>
<input checked="" type="checkbox"/>	<p>In order to be eligible for overnight stay, the training program must be 3 or more consecutive days in length; or          The trainee must travel 50 miles or more to the training site; or          The trainee must travel <b>one hour</b> or more to the training site.</p> <p>Trainees will be eligible for overnight reimbursement the day before a training if the training will begin at 9:00 A.M. (or earlier) the following day and if the above criteria applies.</p>
<input checked="" type="checkbox"/>	<p>Double-room occupancies are billed to CDHS. All rooms paid for by CDHS are non-smoking. You must request a single in order to reserve a smoking room.          Please note: All hotels affiliated with Marriott are smoke-free facilities. Hotels charge a substantial room-cleaning fee, if they determine that smoking has occurred in a non-smoking room. The hotel will directly charge the trainees registered for that room, as CDHS is not responsible for this additional fee.</p> <p>For requested single rooms, CDHS will pay the hotel directly for one-half the double-room rate. The double-room rate for this hotel is 100.00. The single room rate is 100.00. Trainees will be responsible for paying the remainder of the hotel bill upon check-out. A tax exempt certificate from your agency is required.</p>
<input checked="" type="checkbox"/>	<p>CDHS will reimburse trainees for breakfast and dinner up to trainees' per diem rate, but will not provide meals. Lunch is <b>not</b> reimbursable.          * Per diem rates: Trainee will be reimbursed up to a maximum of 5.00 for breakfast and 15.00 for dinner.</p>

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Diane Perry  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend Chronic Care Training Institute  
\_\_\_\_\_  
(Name of meeting or organization)

at CDHS 3 Marcus Blvd., Albany, NY  
\_\_\_\_\_  
(Address)

on \_\_\_\_\_ . Mode of transportation to be used N/A  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

**Proper documentation must be attached when submitting for approval.**  
(Please check documents attached)

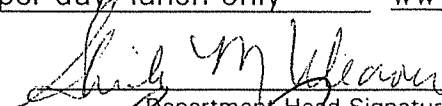
- Notice of meeting or convention including cost.

**For Overnight Travel**

Room rate \$ 55.50 per night GSA\* Rate \$ \_\_\_\_\_

Meal costs - GSA\*per diem rate \$ 13.00 per day, lunch only \*[www.gsa.gov](http://www.gsa.gov)

Date: 3/10/09

  
\_\_\_\_\_  
Department Head Signature

Date: 3/11/09

  
\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

**Collins, Joanne**

---

**From:** Weaver, Sheila (DFA4-A52) [Sheila.Weaver@dfa.state.ny.us]  
**Sent:** Monday, April 06, 2009 8:02 AM  
**To:** Collins, Joanne  
**Subject:** FW: Question:Social Services Committee Meeting

**Sheila M. Weaver, Commissioner**  
**Warren County Department of Social Services**  
**Phone: (518) 761-6310**

**From:** Mulcahy, Cynthia (DFA4-A52)  
**Sent:** Monday, April 06, 2009 8:01 AM  
**To:** Weaver, Sheila (DFA4-A52)  
**Subject:** RE: Question:Social Services Committee Meeting

Joanne,  
Diane Perry is attending the Chronic Care Institute from 3/31-4/3/09 in Albany. Room rate is \$55.50 per night. Lunch is \$13.00 per day. I hope this is the information you were looking for. If you have any additional questions please let me know.  
Thank you.

Cindy Mulcahy,SDC  
Warren Co. DSS  
1340 State Rte. 9  
Municipal Center Annex  
Lake George, New York 12845  
518-761-6336

---

**From:** Weaver, Sheila (DFA4-A52)  
**Sent:** Monday, April 06, 2009 7:32 AM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** FW: Question:Social Services Committee Meeting

Cindy,

Can you please respond?

Thank you

**Sheila M. Weaver, Commissioner**  
**Warren County Department of Social Services**  
**Phone: (518) 761-6310**

**From:** Collins, Joanne [mailto:collinsj@co.warren.ny.us]  
**Sent:** Friday, April 03, 2009 3:32 PM

4/6/2009

**To:** Weaver, Sheila

**Subject:** Question:Social Services Committee Meeting

Good afternoon:

I am finishing up the minutes of the Committee meeting and I have one question:

Ref: your Agenda page 2 under travel requests, item D.

Are the dates of travel for 3/31 – 4/3, with Diane Perry attending ?, room rate 55.50, 13 per day meals. The form I had was not complete.

Thank you for your assistance,

Joanne Collins  
Legislative Office Specialist  
Warren County Board of Supervisors  
1340 State Route 9  
Lake George, NY 12845  
518.761.6532  
[collinsj@co.warren.ny.us](mailto:collinsj@co.warren.ny.us)

4/6/2009

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Sheila Weaver  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend Executive Leadership Institute  
\_\_\_\_\_  
(Name of meeting or organization)

at White Eagle Conf Ctr. Hamilton, NY  
\_\_\_\_\_  
(Address)

on 5/5-5/7/09. Mode of transportation to be used personal car  
\_\_\_\_\_  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain: Conference is three days in length and county cars would be better utilized for daily caseworker needs.

**Proper documentation must be attached when submitting for approval.**

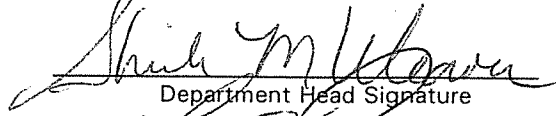
(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

Room rate \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_  
 Meal costs - GSA \*per diem rate \$ \_\_\_\_\_ \*[www.gsa.gov](http://www.gsa.gov)

Date: 3/13/09

  
\_\_\_\_\_  
Department Head Signature

Date: 3/27/09

  
\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

✓25-09

**Mulcahy, Cynthia (DFA4-A52)**

---

**From:** Stars@bsc-cdhs.org  
**Sent:** Sunday, March 01, 2009 8:56 PM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** Hamilton- Executive Leadership Institute

This email has been automatically sent to you. Do NOT respond, it is not monitored.

**TRAINING ANNOUNCEMENT**

Training Title

**Executive Leadership Institute**

Provider

**Cornell - NYSSILR**

Date & Time	Location	Registration Deadline	Lodging
05/05/2009 - 05/07/2009 9:00AM to 4:00PM	White Eagle Conference Ctr - Hamilton 2798 Lake Moraine Road, W. Lake Road PO Box 679, Hamilton 13346-0000 Contact: Kerry Beadle Phone: (315) 824-2002	04/21/2009	White Eagle Conference Ctr - Hamilton 2798 Lake Moraine Road, W. Lake Road PO Box 679, Hamilton 13346-0000 Phone: (315) 824-2002

**Additional Information**

**Course Description**

This program provides local district Commissioners and State Executive Staff with high impact training forums that focus on major changes affecting their organizations. The program currently includes, but is not limited to, educational training forums on Welfare Reform, Technology and Management and leadership training.

**Training Description**

Same as Course Description

**Target Population**

Local district Commissioners and State Executive Staff

**Course Prerequisites**

**Course Content**

Management Practices

**Pre-registration Required**

Yes

Reimbursement  
Mileage & Hotel

Training Fees  
Local District, ACS and HRA staff will be charged Training fees

Meets In-Service CPS  
Requirements  
No

For Additional Course Information  
Contact

Mary Keane  
Phone: (914) 378-1899  
Email: acs1177@aol.com

If you do not wish to continue to receive state sponsored training announcements, please click the link below to unsubscribe. Please be advised that you can always check for upcoming state sponsored training events at the STARS web portal <http://stars.bsc-cdhs.org>

Click this link to unsubscribe: [stars@bsc-cdhs.org](mailto:stars@bsc-cdhs.org)

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

Check one:

- In-State (needs Supervisory Committee authorization)  
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Kerri Neifeld  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend GPS/MAPP Leader Certification  
\_\_\_\_\_  
(Name of meeting or organization)

at CDHS, 3 Marcus Blvd. Albany, NY  
\_\_\_\_\_  
(Address)

on 4/21-4/24 & 5/4-5/8/09 . Mode of transportation to be used N/A  
\_\_\_\_\_  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

**Proper documentation must be attached when submitting for approval.**

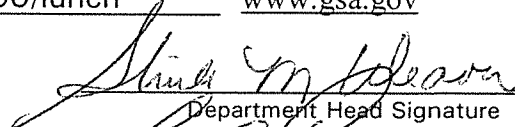
(Please check documents attached)

- Notice of meeting or convention including cost.

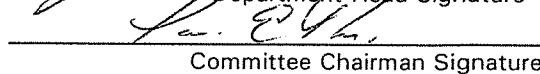
**For Overnight Travel**

- Room rate \$ 50.00 GSA\* Rate \$ \_\_\_\_\_  
 Meal costs - GSA \*per diem rate \$ 13.00/lunch \*[www.gsa.gov](http://www.gsa.gov)

Date: 2/26/09

  
\_\_\_\_\_  
Department Head Signature

Date: 3/27/09

  
\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

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2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

**Mulcahy, Cynthia (DFA4-A52)**

**From:** StarsRequests@bsc-cdhs.org  
**Sent:** Tuesday, January 13, 2009 8:10 AM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** Albany- GPSII/ MAPP Leader Certification- Week 1  
**Attachments:** 153080\_Registration\_Form.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

**TRAINING ANNOUNCEMENT**

Training Title

**GPSII/ MAPP Leader Certification- Week 1**

Provider

**SUC Buffalo - CDHS**

Date & Time	Location	Registration Deadline	Lodging
04/21/2009 - 04/24/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Adirondack , Albany 12205- 1129 Contact: Melissa Swift Phone: (518) 435-1825	04/06/2009	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250
05/04/2009 - 05/08/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Adirondack , Albany 12205- 1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250

\*For deliveries that have different starting times, please see actual starting times under additional information below.

**Additional Information****Course Description**

GPSII is a program that helps prospective foster and adoptive parents make informed, mutual decisions with agency about whether foster parenting or adopting is right for their family. Participants in the Leader Certification Workshop are prepared to co-lead the ten 3-hour meetings in the GPSII program as well as to use family consultations and other tools of the program. All certified GPSII leaders are also qualified to conduct Mini-MAPP.

Workshop Length: 9 Days

Content:

1. Welcome to the Group Preparation and Selection Program
2. Where the MAPP Leads: A Foster Care and Adoption Experience
3. Losses and Gains: the Need to Be a Loss Expert
4. Helping Children with Attachments
5. Helping Children Learn to Manage Their Behaviors
6. Helping Children with Birth Family Connections
7. Gains and Losses: Helping Children Leave Foster Care

8. Understanding the Impact of Fostering or Adopting
9. Teamwork and Partnerships
10. Endings & Beginnings

**How to Use the Program:**

The ten meetings are designed to be offered sequentially once a week along with the other tools of the program including family self-assessments, individual family consultations, and written development plans.

**Training Description**

The training prepares Leaders to deliver the Group Preparation and Selection II, Model Approach to Partnerships in Parenting (GPSII/MAPP) program for prospective foster/ adoptive parents.

**Target Population**

Foster/Adoptive parents, foster care and adoption caseworkers, supervisors, homefinders, CPS and preventive workers and supervisors. Directors of Services and agency administrators in local districts and contract agencies.

**Course Prerequisites**

None

**Course Content**

Foster Parent Prep/Support

**Pre-registration Required**

Yes

**Reimbursement**

Mileage & Hotel

**Training Fees**

Local District, ACS and HRA staff will be charged Training fees

**Meets In-Service CPS Requirements**

No

**For Additional Course Information Contact**

Jere Wrightsman  
Phone: (518) 435-1825  
Email: [jerew@bsc-cdhs.org](mailto:jerew@bsc-cdhs.org)

For Registration Questions  
Call: (716) 876-7600  
or Email: [Registration\\_Services](mailto:Registration_Services)

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SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

Check one:

- In-State (needs Supervisory Committee authorization)  
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Kerri Neifeld  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend CW/CPS Common Core  
(Name of meeting or organization)

at CDHS, 3 Marcus Blvd. Albany, NY

6/22 - 6/26/09      8/4 - 8/7/09 (Address)  
7/6 - 7/10/09      8/18 - 8/21/09  
on 7/21 - 7/24/09. Mode of transportation to be used N/A  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

**Proper documentation must be attached when submitting for approval.**

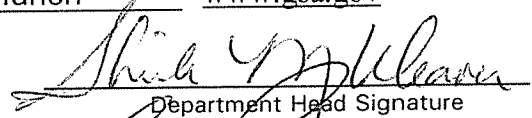
(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ 50.00 GSA \* Rate \$ \_\_\_\_\_  
 Meal costs - GSA \*per diem rate \$ 13.00/lunch \*[www.gsa.gov](http://www.gsa.gov)

Date: 3/26/09

  
Department Head Signature

Date: 3/27/09

  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*  
Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

Filing Instructions:

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2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

**Mulcahy, Cynthia (DFA4-A52)**

**From:** StarsRequests@bsc-cdhs.org  
**Sent:** Thursday, March 26, 2009 8:36 AM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** Albany- CW/CPS Common Core Training P-1  
**Attachments:** 153269\_Alb P 6-22 Reg Form.pdf; 153269\_TravelPolicy.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

**TRAINING ANNOUNCEMENT**

Training Title

**CW/CPS Common Core Training P-1**

Provider

**SUC Buffalo - CDHS**

Date & Time	Location	Registration Deadline	Lodging
<b>*For deliveries that have different starting times, please see actual starting times under additional information below.</b>			
06/22/2009 - 06/26/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825	<b>06/08/2009</b>	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250
07/02/2009 09:30 AM to 11:30 AM	Virtual Classroom Contact: virtual.classroom@ocfs.state.ny.us Phone: (800) 810-1349		
07/02/2009 01:30 PM to 03:30 PM	Virtual Classroom Contact: virtual.classroom@ocfs.state.ny.us Phone: (800) 810-1349		
07/06/2009 - 07/10/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250
07/21/2009 - 07/24/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000

3/26/2009

		Phone: (518) 458-7250
08/04/2009 - 08/07/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250
08/18/2009 - 08/21/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250

#### Additional Information

**Please provide the name and phone number of each participant's supervisor in the trainee note field.**

**Introduction to Learnlinc is a pre-requisite for all iLinc courses and a computer headset with microphone is required to participate. For technical support, please call 1-800-810-1349.**

**CDHS will advance trainees for breakfast and dinner at the trainee rate, but will not provide meals. This advance can be picked up at the hotel front desk upon check in.**

**Connection training dates - Jul 22 and Aug 19, 2009**

#### Course Description

This program will enhance caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families. Each week of training includes pretraining reading assignments, as well as on-the-job training assignments to be completed between sessions. Hands-on computer training using the CONNECTIONS Training System will be provided during portions of the program as related topics are covered. Topics include recording a Progress Note, maintaining information in an FSS Stage and completing a Family Assessment and Service Plan. Pre-, mid-, and post-Core conferences are conducted with trainer, supervisor, caseworker, and staff developer to support the training process. Pre and mid core conferences will be conducted by phone, post core conferences will be in person.

This program, now twenty-two days in length, combines CONNECTIONS Case Management For Child Welfare Workers with Common Core. It is no longer necessary to attend CONNECTIONS Case Management for Child Welfare Workers Training. Registration for this new integrated training has been combined. The attached registration is the only registration required.

Two LearnLinc sessions, "Introduction to Child Welfare Legal Training" and "Introduction to Child Development Training" will be held during the OJT week prior to the first day of classroom legal training.

#### Training Description

This twenty-two day program will enhance Caseworkers' abilities by providing knowledge and skills to work with children and families. Each week of training will include pre-training reading assignments, as well as on-the-job training assignments to be completed between sessions. In addition, pre-, mid-, and post-Core conferences will be conducted between trainer, supervisor, caseworker, and staff developer to support the training process.

#### Target Population

New Child Welfare/Child Protective Services caseworkers and Voluntary Agency staff

**Course Prerequisites**

None.

**Course Content**

Casework Practices

**Pre-registration Required**

Yes

**Reimbursement**

Mileage & Hotel

**Training Fees**

Local District, ACS and HRA staff will be charged Training fees

**Meets In-Service CPS  
Requirements**

No

**For Additional Course Information  
Contact**

Phyllis Keiffer  
Phone: (716) 796-2042  
Email: [PhyllisK@bsc-cdhs.org](mailto:PhyllisK@bsc-cdhs.org)

For Registration Questions  
Call: (716) 876-7600  
or Email: Registration Services

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Click this link to unsubscribe: [stars@bsc-cdhs.org](mailto:stars@bsc-cdhs.org)

## Travel and Accommodation Policy

	<p><b>The items indicated below apply to this training event:</b></p> <p>The rates quoted below are estimates and subject to change.</p>
<input checked="" type="checkbox"/>	<p>CDHS will not reimburse trainees for travel of less than 35 miles from trainees' workplace to the training site. Such travel is determined by the reimbursement policy of the trainee's local district or agency.</p>
<input checked="" type="checkbox"/>	<p>CDHS will, at the rate of 0.21 per mile, reimburse trainees who travel more than 35 miles from the workplace to the training site. SDC or provider coordinators will arrange carpooling. Only designated drivers chosen by them will be reimbursed.</p>
<input checked="" type="checkbox"/>	<p>In order to be eligible for overnight stay, the training program must be 3 or more consecutive days in length; or          The trainee must travel 50 miles or more to the training site; or          The trainee must travel <b>one hour</b> or more to the training site.</p> <p>Trainees will be eligible for overnight reimbursement the day before a training if the training will begin at 9:00 A.M. (or earlier) the following day and if the above criteria applies.</p>
<input checked="" type="checkbox"/>	<p>Double-room occupancies are billed to CDHS. All rooms paid for by CDHS are non-smoking. You must request a single in order to reserve a smoking room.          Please note: All hotels affiliated with Marriott are smoke-free facilities. Hotels charge a substantial room-cleaning fee, if they determine that smoking has occurred in a non-smoking room. The hotel will directly charge the trainees registered for that room, as CDHS is not responsible for this additional fee.</p> <p>For requested single rooms, CDHS will pay the hotel directly for one-half the double-room rate. The double-room rate for this hotel is 100.00. The single room rate is 100.00. Trainees will be responsible for paying the remainder of the hotel bill upon check-out. A tax exempt certificate from your agency is required.</p>
<input checked="" type="checkbox"/>	<p>CDHS will reimburse trainees for breakfast and dinner up to trainees' per diem rate, but will not provide meals. Lunch is <b>not</b> reimbursable.          * Per diem rates: Trainee will be reimbursed up to a maximum of 5.00 for breakfast and 15.00 for dinner.</p>

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)  
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Kerri Neifeld  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend Child Protective Services Response Training  
(Name of meeting or organization)

at CDHS, 3 Marcus Blvd. Albany, NY  
(Address)

on 8/31-9/4 & 9/14-9/18/09. Mode of transportation to be used N/A  
\_\_\_\_\_  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

**Proper documentation must be attached when submitting for approval.**

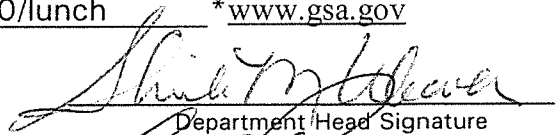
(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ 50.00 GSA\* Rate \$ \_\_\_\_\_  
 Meal costs - GSA \*per diem rate \$ 13.00/lunch \* [www.gsa.gov](http://www.gsa.gov)

Date: 3/26/09

  
\_\_\_\_\_  
Department Head Signature

Date: 3/27/09

  
\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

**Mulcahy, Cynthia (DFA4-A52)**

---

**From:** StarsRequests@bsc-cdhs.org  
**Sent:** Thursday, March 26, 2009 9:15 AM  
**To:** Mulcahy, Cynthia (DFA4-A52)  
**Subject:** Albany- Child Protective Services Response Training S-1  
**Attachments:** 153765\_Registration\_Form.pdf; 153765\_TravelPolicy.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

**TRAINING ANNOUNCEMENT**

Training Title

**Child Protective Services Response Training S-1**

Provider

**SUC Buffalo - CDHS**

Date & Time	Location	Registration Deadline	Lodging
<b>*For deliveries that have different starting times, please see actual starting times under additional information below.</b>			
08/31/2009 - 09/04/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825	08/17/2009	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250
09/14/2009 - 09/18/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7250

**Additional Information**

**There is no advanced meal money for this training.**

**Training Times are as follows:**

**Week One:**

**Monday - 1:00PM - 4:00PM; Tuesday - 9:00AM - 5:00PM; Wednesday - Thursday - 9:00AM - 4:30PM  
Friday - 9:00AM - 12:00PM**

**Week Two:**

**Monday - 12:00PM - 4:30PM; Tuesday - 9:00AM - 4:30PM; Wednesday - 9:00AM - 4:00PM; Thursday - 9:00 - 4:30PM; Friday - 9:00AM - 12:00PM**

**Connections training dates:**

**Week 1 - 8/31pm and 9/1am  
Week 2 - 9/16 full day**

**Course Description**

This two-module training program, which includes two days of CONNECTIONS training, builds on the

3/26/2009

knowledge and skills taught in the Common Core, and will prepare local district caseworkers to competently investigate, respond to, and document reports of child abuse and maltreatment.

This training combines Child Protective Services Response Training and the CONNECTIONS course CPS Investigation & Case Management. Participants will no longer need to attend The CONNECTIONS course in addition to CPSRT. This program is eight full days of training. The program is delivered in two modules; each module is three full days and two half days in length to accommodate trainee travel needs and the Connections training. Registration for this integrated training has been combined.

**Training Description**

Please see above "Course Description" for training details.

**Target Population**

New Child Protective Services caseworkers.

**Course Prerequisites**

CW/CPS Common Core.

**Course Content**

Child Protection

**Pre-registration Required**

Yes

**Reimbursement**

Mileage & Hotel

**Training Fees**

Local District, ACS and HRA staff will be charged Training fees

**Meets In-Service CPS Requirements**

Yes

**For Additional Course Information Contact**

Phyllis Keiffer  
Phone: (716) 796-2042  
Email: [PhyllisK@bsc-cdhs.org](mailto:PhyllisK@bsc-cdhs.org)

For Registration Questions  
Call: (716) 876-7600  
or Email: Registration Services

If you do not wish to continue to receive state sponsored training announcements, please click the link below to unsubscribe. Please be advised that you can always check for upcoming state sponsored training events at the STARS web portal <http://stars.bsc-cdhs.org>

Click this link to unsubscribe: [stars@bsc-cdhs.org](mailto:stars@bsc-cdhs.org)

## Travel and Accommodation Policy

	<p><b>The items indicated below apply to this training event:</b></p> <p>The rates quoted below are estimates and subject to change.</p>
<input checked="" type="checkbox"/>	<p>CDHS will not reimburse trainees for travel of less than 35 miles from trainees' workplace to the training site. Such travel is determined by the reimbursement policy of the trainee's local district or agency.</p>
<input checked="" type="checkbox"/>	<p>CDHS will, at the rate of 0.21 per mile, reimburse trainees who travel more than 35 miles from the workplace to the training site. SDC or provider coordinators will arrange carpooling. Only designated drivers chosen by them will be reimbursed.</p>
<input checked="" type="checkbox"/>	<p>In order to be eligible for overnight stay, the training program must be 3 or more consecutive days in length; or          The trainee must travel 50 miles or more to the training site; or          The trainee must travel <b>one hour</b> or more to the training site.</p> <p>Trainees will be eligible for overnight reimbursement the day before a training if the training will begin at 9:00 A.M. (or earlier) the following day and if the above criteria applies.</p>
<input checked="" type="checkbox"/>	<p>Double-room occupancies are billed to CDHS. All rooms paid for by CDHS are non-smoking. You must request a single in order to reserve a smoking room.</p> <p>Please note: All hotels affiliated with Marriott are smoke-free facilities. Hotels charge a substantial room-cleaning fee, if they determine that smoking has occurred in a non-smoking room. The hotel will directly charge the trainees registered for that room, as CDHS is not responsible for this additional fee.</p> <p>For requested single rooms, CDHS will pay the hotel directly for one-half the double-room rate. The double-room rate for this hotel is 100.00. The single room rate is 100.00. Trainees will be responsible for paying the remainder of the hotel bill upon check-out. A tax exempt certificate from your agency is required.</p>
<input checked="" type="checkbox"/>	<p>CDHS will reimburse trainees for breakfast and dinner up to trainees' per diem rate, but will not provide meals. Lunch is <b>not</b> reimbursable.</p> <p>* Per diem rates: Trainee will be reimbursed up to a maximum of 5.00 for breakfast and 15.00 for dinner.</p>

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- [X] In-State (needs Supervisory Committee authorization)
[ ] Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Diane Coughlin
(Supervisory Committee) (Employee Name)

to attend Child Abuse Prevention Conference
(Name of meeting or organization)

at Marriott Hotel , Albany, NY
(Address)

on 4/20-4/22/09. Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- [X] Notice of meeting or convention including cost.

For Overnight Travel

- [ ] Room rate \$
[ ] Meal costs - GSA \*per diem rate \$
GSA \* Rate \$
\*www.gsa.gov

Date: 3/18/09
Date: 3/27/09

Shirley M. Toliver
Department Head Signature
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*

Please check to request a fleet vehicle.

[ ] REQUEST FOR USE OF FLEET VEHICLE

\*\*\*\*\*

Filing Instructions:

- 1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

## Transformations

### Special Events

#### Yoga

Monday, April 20, 5:15-6 pm

Tuesday, April 21, 4-4:45 pm

Relax the mind and the body with 45 minutes of gentle breathing and stretching exercises. The perfect end to a day of learning and networking! The benefits of yoga include increased flexibility, energy, muscle tone and mental well-being.

#### Parenting Educator's Professional Development

##### Focus Groups (Dinner Included)

Monday, April 20, 5:15-7:30 pm

Tuesday, April 21, 3:45-6 pm

As conference participants engage in professional development at the conference, the NYS Parenting Education Partnership's Professional Development Workgroup would like to know what knowledge and skills parenting educators are seeking to better their practice. This focus group will provide parenting educators with an opportunity to discuss the professionalism of the field, and individual perspectives on professional development and networking. Previous events have been hosted throughout the state in Fall 2008. If you have participated in a NSYPEP focus group previously, please do not register for this event. Dinner included.

#### Searching for Angela Shelton Film Screening and Q&A with Angela Shelton (Snack/Refreshment Included)

Tuesday, April 21, 4-6:15 pm

Join Tuesday Plenary Speaker Angela Shelton for a screening of her film *Searching for Angela Shelton* and a Q&A session afterwards. Snack and refreshment included.

#### Excellence in Child Abuse Prevention Awards

##### Presented during Plenary Sessions

Prevent Child Abuse New York and the NYS Children and Family Trust Fund will present Excellence in Child Abuse Prevention Awards to individuals who have made a difference in the lives of children and families. Call 1-800-CHILDREN to request a nomination form.

### Conference Information

#### Registration

Complete and return the registration form on the following page with payment. Return one form for each person registering. Conference space is limited, so register early. You can also register online at <https://preventchildabuseny.org/confregistration.shtml>

**10% discount for registrations received and PAID (by check or credit card) by March 6, 2009, or for staff and volunteers of current Prevent Child Abuse New York Partner Organizations. Only one discount per registrant.**

Registration deadline is April 3, 2009. Registrations received after

April 3, 2009 will be charged an additional \$50.

Please include payment by check, credit card or an agency purchase order with your registration. Make checks payable to Prevent Child Abuse New York. There is a \$20 charge for returned checks.

Conference fees are listed on the registration form. Registration includes attendance at all events, conference materials, and the following meals and refreshments: Monday luncheon and refreshment break; Tuesday breakfast, lunch and refreshment break; Wednesday breakfast, refreshment break and luncheon.

#### Exhibits

Exhibit space for commercial and not-for-profit vendors is available at the conference. Call 518-445-1273 for pricing or to request an exhibitor's application. Deadline for applications and payment is March 6, 2009.

#### Hotel Information

The Albany Marriott, 189 Wolf Road, Albany, NY 12205  
518-458-8444

Reservations: 1-800-443-8952 (Group ID: PCA). Or book online at <http://cwp.marriott.com/albny/preventchildabuse/>

Conference registration fees do not include hotel rooms. The special conference rate is \$132 per night for single or double rooms. **You must book by March 26, 2009, to receive this special rate.** Be sure to mention PCANY's Group ID: PCA.

For tax-exempt payment, you must provide the hotel with an exempt certificate and pay with the organization's check or organization's credit card or cash.

#### Directions

The Albany Marriott is five minutes from the Albany airport and 20 minutes from the Rensselaer-Albany train station.

From north: 87 S to exit 4, left at Old Wolf Rd., left onto Albany Shaker Rd., right onto Wolf Rd.

From south: 87 N (NYS Thruway) to exit 24, merge with 87 N (Northway) at exit 1N, depart exit 4, right at Wolf Rd.

From east: 90 W to NYS Thruway at exit B1, depart 87 N to exit 4, take right at Wolf Road.

From west: 90 E to exit 24, merge with 87 N (Northway) at exit 1N, depart exit 4, take right at Wolf Rd.

#### Disabilities

It is Prevent Child Abuse New York's policy to provide reasonable accommodations to ensure effective communication to individuals with disabilities. If special accommodations, auxiliary aid or services are needed, please let us know. Be sure to mention any accessibility needs when making hotel reservations.

# Registration Form

Please use a separate form for each person. Please print or type. Online registration at <https://preventchildabuse.org/confregistration.shtml>

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Program \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please check all days you will be attending the conference:  Monday  Tuesday  Wednesday

REGISTRATION TYPE	3 DAYS	2 DAYS	1 DAY
Regular registration	<input type="checkbox"/> \$350	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150
10% discount*	<input type="checkbox"/> \$315	<input type="checkbox"/> \$270	<input type="checkbox"/> \$135
Parent representative**	<input type="checkbox"/> \$315	<input type="checkbox"/> \$270	<input type="checkbox"/> \$135

\* 10% discount for registrations received and PAID (by check or credit card) by March 6, 2009, or for staff and volunteers of Prevent Child Abuse New York's current Partner Organizations. Only one discount per registrant.

\*\* Parents who receive services from a children/family service program.

**REGISTRATION FORM WITH PAYMENT OR PURCHASE ORDER MUST BE RECEIVED BY APRIL 3, 2009. REGISTRATIONS RECEIVED AFTER THAT DATE WILL BE CHARGED AN ADDITIONAL \$50.**

TOTAL DUE \_\_\_\_\_ Payment method:  Check  Charge  Purchase order

Check # \_\_\_\_\_ Purchase order or voucher # \_\_\_\_\_

Mastercard  Visa Name on card \_\_\_\_\_ Credit card # \_\_\_\_\_

Exp. date \_\_\_\_\_ Signature \_\_\_\_\_

Check here if you do not want your name on the participants' list distributed at the conference.

Special needs:  Communication  Mobility  Other

Meals:  Kosher  Diabetic  Vegetarian

## WORKSHOP SELECTIONS

Please select only one for each session

Monday, Session A

A1  A2  A3  A4  A5  A6  A7  A8

Monday, Session B

B1  B2  B3  B4  B5  B6  B7  B8

Tuesday, Session C

C1  C2  C3  C4  C5  C6  C7  C8

Tuesday, Session D

D1  D2  D3  D4  D5  D6  D7  D8

Wednesday, Session E

E1  E2  E3  E4  E5  E6  E7  E8

Wednesday, Session F

F1  F2  F3  F4  F5  F6  F7  F8

- Check here to register for yoga Monday at 5:15 pm.
- Check here to register for Parenting Educator's Focus Group Monday at 5:15 pm.
- Check here to register for Parenting Educator's Focus Group Tuesday at 3:45 pm.
- Check here to register for yoga Tuesday at 4 pm.
- Check here to register for *Searching for Angela Shelton* film screening and Q&A with Angela Shelton Tuesday at 4 pm.

## SEND REGISTRATION AND PAYMENT

Annual Conference  
Prevent Child Abuse New York  
33 Elk Street, 2nd Floor, Albany, NY 12207

Fax: 518-436-5889 | Inquiries: 518-445-1273

Pay by check, purchase order, or credit card. Payment or copy of purchase order must be received to be registered. Make checks payable to Prevent Child Abuse New York. If submitting a purchase order, please include a copy.

## CANCELLATIONS

Refunds minus a \$50 per person processing fee will be issued ONLY for written cancellations postmarked by April 3, 2009. *No-shows will be billed—no exceptions.*

## REGISTRATION FEES

Registration fees include attendance at all events, conference materials, Monday luncheon and light snacks/refreshments, Tuesday breakfast, luncheon and light snacks/refreshments, and Wednesday breakfast, luncheon, and light snacks/refreshments. Registration fees do not include hotel room (see previous page for hotel information).

## DISCOUNT

Registrations received and paid by check or credit card before March 6, 2009 may use the 10% discount fee, as may staff and volunteers from agencies that are Prevent Child Abuse New York's Partner Organizations. Only one discount per registrant. If you are taking the early registration discount, you are not also eligible for the Partner discount.

# Warren County Department of Social Services

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Telephone 518-761-6300  
Fax 518-761-6314

Sheila M. Weaver  
Commissioner  
Municipal Center Annex  
1340 State Route 9  
Lake George, New York 12845-9803

## MEMORANDUM

To: Board of Supervisors  
From: Sheila M. Weaver, Commissioner of Social Services  
Date: March 12, 2009  
Re: RFP proposals

To All:

Please be advised that I have reviewed the bid proposals and have accepted the second lowest bid.

The lowest bid was \$55.00 per hour but included travel time of 3 hours one way, twice a month. So the minimum cost it would be was \$440.00 twice per month. The second lowest bid would be \$180.00 per hour for two people.

Please let me know if you have any further questions.

Thank you,

Sheila M. Weaver  
Commissioner

**RESOLUTION REQUEST FORM NO. 11**

**Request to Create New Position**

**DEPARTMENT NAME:** Social Services

**DATE:** March 27, 2009

Tabled

- (a) Title of Requested Position: Assistant Social Services Attorn
- (b) Annual Base Salary (and Grade if Applicable): \$56,741.00
- (c) Effective Date for New Position: 4/28/09  
\*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: A.6010
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) N/A
- (g) Is this a mandated position? If so, please explain: Our caseload has increased in Child Welfare, Foster Care and Support
- (h) Is there expected revenue from this position? If so, please explain: Support and Child Welfare