

SOCIAL SERVICES COMMITTEE AGENDA

July 28, 2011

1. Committee meeting called to order by Chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. **Request:** Permission to have 30 staff trained in "Solving the Mystery of Communication using the "COPE Communication Profile" from August 23 – 24, 2011.

Rationale: This was a trainer that has been to the office previously. She will complete training and profile the staff as well as the Commissioner and Deputy Commissioner. This is a cost of \$3,319.33.

2. **Request:** Permission to have 30 staff trained in "Solving the Mystery of Communication using the "COPE Communication Profile" from August 25 – 26, 2011.

Rationale: This was a trainer that has been to the office previously. She will complete training and profile the staff as well as the Commissioner and Deputy Commissioner. This is a cost of \$3,319.33.

3. **Request:** Permission to have 30 staff trained in "Solving the Mystery of Communication using the "COPE Communication Profile" from September 13 – 14, 2011.

Rationale: This was a trainer that has been to the office previously. She will complete training and profile the staff as well as the Commissioner and Deputy Commissioner. This is a cost of \$3,319.33.

4. **Request:** Permission to send the Commissioner to NYS Association of Counties in Lake Placid from 9/21 – 9/23/11. This is a cost of \$518.00.

Rationale: This has some useful information for Social Services.

5. **Request:** Permission to send Stacey Devito to Chronic Care Training in Rochester from 9/12 – 9/16/11. This is \$48.00 per night and \$12.00 meals and \$26.00 for dinner for travel days.

6. **Request:** Permission to create a part time Account Clerk and abolish a part time administrative Assistance due to a retirement.

Rationale: This is a part time position that is 87.5% reimbursed. This is a savings of \$4719.00

7. **Request:** Permission to fill a part time Account Clerk due to a retirement.

Rationale: This is a part time position that is 87.5% reimbursed. This is a savings of over \$4,719.00

8. **Request:** Permission to send two staff to the NYS Adult Abuse Training Institute and NAPSA conference in Buffalo NY from 9/18 – 9/23/11.

Rationale: This is the only training available for Adult Service workers and attorneys. The cost is approximately \$600. 00 including hotel, overtime and meals.

9. **Request:** Permission to send one staff to the 12th National Conference on Child Sexual Abuse and Exploitation Prevention in New Orleans, LA from 8/23 – 8/26/11.

Rationale: This is a non-mandated training that the Warren-Washington CARE Center is covering all costs in full.

Old business/Pending Items

- 1) Mr. Dusek, Ms. Weaver and Committee to examine properties for sale that might be suitable for housing the homeless. (10.22.10)
- 2) Permission to fill Caseworker position due to retirement. (03.30.11)

Topics for Discussion

1. Overtime Report.
2. Budget status report –
3. Report from Barbara Walker of COPE consultants.

Overtime Report

Pay period ending 5/16/11

Foster Care	9.6
APS	2
Preventive	1.3
MA	2.6
CPS after hours	39.5
CPS Backlog	<u>13</u>
	68

Pay period ending 5/23/10

73.6

Pay period ending 6/6/11

Foster Care	.8
SCU	.25
TA	1.9
CPS after hours	59.4
CPS Backlog	<u>22</u>
	84.35

Pay period ending 6/6/10

63.8

Pay period ending 6/19/11

Preventive	4.8
Foster Care	10
HEAP/Food Stamps	6
TA/Employment	21
MA	1
CPS after hours	48.75
CPS Backlog	<u>38.5</u>
	130.05

Pay period ending 6/20/10

40.6

Pay period ending 7/3/11

Foster Care	2.8
HEAP/Food Stamps	22
TA/Employment	29
MA	.8
CPS after hours	21.9
CPS Backlog	<u>16.3</u>
	92.75

Pay period ending 7/4/10

59.9

Total

375.15 Total Hours
93.78 hours per pay period

237.9 Total hours
59.47 hours per pay period



July 6, 2011

Sheila Weaver
Commissioner
Warren County DSS
Human Services Building
1340 State Rte. 9
Lake George, New York 12845

Dear Commissioner,

Thank you for inviting us to Warren County and appreciating our expertise in the area of Team Building. In presenting the "Solving The Mystery of Communication" and profiling participant's particular styles and motivational needs in May 2011, we were impressed in your staff's willingness to learn and grow.

We understand that, after the first initial training, other staff saw positive changes in attitude and behavior and requested the communication training for themselves.

A second session of the two day training was held in June, when an additional 30 Warren County DSS employees attended. As you can see in the attached document, evaluations show a positive response to the training and a genuine desire to continue the process of healing old wounds. We have done training in 43 of New York State's Counties over the past 30 years. Your county ranks in the top 3% in their willingness to learn, grow and come together as a team, especially during a period of transitional change.

Over ten years ago, we started this program per the request of the former Commissioner with a small group of DSS associates. Unfortunately, he did not continue with the process at that time. His concerns were similar to your morale issues, without the additional burden you are carrying with your Medicaid program. When we can only share limited information because of confidentiality, it is difficult to make changes without reactions and resistance. I am impressed with your willingness to provide this training for all, as they have requested. I believe if we continue this program, staff's misperceptions can be addressed with positive results.

You have asked us, as consultants and after meeting 30 of your associates, what we would recommend to build camaraderie and improve morale.

We are aware that team building is a process that is developed over time when issues are resolved and trust and respect is built. In reviewing your previous teambuilding attempts, the context was exceptional. However, in order to control

misperceptions, especially diversity and cultural issues, you have been wise to bring someone in who is professionally neutral.

You are also open enough to realize how important it is to be more visible. During this practice, it is essential to be looking for things going right, as opposed to seeing what is going wrong. Addressing negative issues needs to be done on a one on one basis by the supervisor at a later date.

We respect your concern that people are feeling targeted when consequences for behavior are implemented. Unfortunately, some instances arose when supervisors were too enthusiastic in putting new policies in place. During change, it is important to reiterate to employees that the goal is to address inappropriate behavior, not the person.

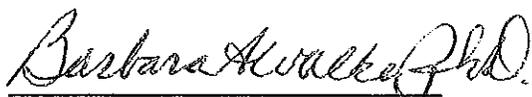
Employees invited us to tour their respective spaces, a.k.a "Pods". When compared with other buildings in the state, you have beautiful accommodations. However, when people are going through change and transition, the reality isn't always what was envisioned. Some issues, such as tall filing cabinets, reflected the discomforts that come with change. Thank you for your candor regarding the reasoning of what can and can't be done concerning physical space issues.

At this time, 47 employees out of 128 have willingly participated in the training. Many of the remainder of staff have anxiously asked when the next session will be held. We feel that it will be imperative for all DSS associates to attend the communication training so that no one will feel left out or targeted. This will also ensure that all Warren County DSS staff will have the same information and tools to build a winning, motivated and united team.

As we continue this journey, we propose a series of 3 two-day training sessions of "Solving The Mystery of Communication. This will cover the remainder of employees. Also COPE Consulting Services will continue to be available to administration and staff for 3 months following the last training.

We commend your openness to our feedback and your dedication to improve the quality of the DSS workplace, which ensures better service to the community and its families.

Respectfully Submitted,



Dr. Barbara A. Walker



114 Ross Road, Ogdensburg, New York 13669
Email – cope@consultant.com

Ph: (315) 393-3287 – Fax (315) 393-3287
www.copeconsultants.com

The following evaluations speak well of your workers' ability to survive change, their willingness to learn and your openness to providing opportunities for communication.

June 29-30 Training hosted 29 participants. The ratings were as follows:

20 – Excellent
08 – Very Good
1 – Good
0 – Fair
0 – Poor

100% of participants commented that they understood and recognized their communication style and that of others.

The following are comments written when asked what they learned at the workshop and what they learned about themselves:

- How to get along with other workers.
- I am stubborn.
- I am going to look closer at what others need.
- I learned we can all work together.
- I need to be willing to speak up, not complain.
- I can use this information personally (Several made this comment)
- I learned I am normal and not alone.
- Not to take things personally and to respect differences.
- To let go.
- I understand why I need patience and tolerance.
- I can change. I need to listen and observe.
- I am enlightened about my co-workers. Discovered who they really are.
- I came to the training resenting it, and left thanking the instructors.
- Acceptance and flexibility.
- Liked teamwork and working outside of my unit

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 30 DSS staff
(Supervisory Committee) (Employee Name)

to attend Solving The Mystery of Communication (includes 3 months of follow up
consultation) (Name of meeting or organization)

at Warren Co. DSS
(Address)

on 8/23-8/24/11 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 \$ GSA * Rate \$
[] Meal costs - GSA *per diem rate \$ *www.gsa.gov

Date: 7/6/11

Department Head Signature

Date: 7/28/11

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.

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The Social Services Committee hereby authorizes 30 DSS staff
(Supervisory Committee) (Employee Name)

to attend Solving The Mystery of Communication (includes 3 months of follow up
consultation) (Name of meeting or organization)

at Warren Co. DSS (Address)

on 8/25-8/26/11 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 \$ GSA * Rate \$
[] Meal costs - GSA *per diem rate \$ *www.gsa.gov

Date: 7/6/11

Shirley M. Weaver Department Head Signature

Date: 7/28/11

William G. Port Committee Chairman Signature

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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 30 DSS staff
(Supervisory Committee) (Employee Name)

to attend Solving The Mystery of Communication (includes 3 months of follow up consultation)
(Name of meeting or organization)

at Warren Co. DSS
(Address)

on 9/13-9/14/11 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.

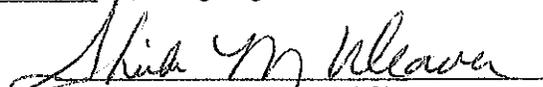
(Please check documents attached)

- Notice of meeting or convention including cost.

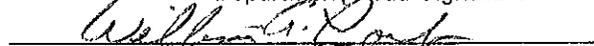
For Overnight Travel

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

Date: 7/6/11


Department Head Signature

Date: 7/28/11


Committee Chairman Signature

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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 Sheila Weaver
(Supervisory Committee) (Employee Name)

to attend NYS Association of Counties 2011 Fall Seminar
(Name of meeting or organization)

at Crowne Plaza Hotel, Lake Placid, NY
(Address)

on 9/21-9/23/11. 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 \$ \$518.00 (package for 2 nights and all meals)
GSA * Rate \$ _____
 Meal costs - GSA *per diem rate \$ _____ * www.gsa.gov

Date: 7/20/11

Sheila M. Weaver
Department Head Signature

Date: 7/28/11

William A. Corbett
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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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 Stacey DeVito
(Supervisory Committee) (Employee Name)

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

at CDHS Rochester, NY (Hotel is Holiday Inn Express)
(Address)

on 9/12-9/16/11 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.

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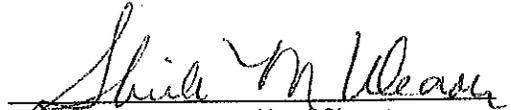
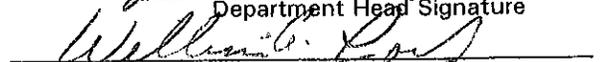
For Overnight Travel

- Room rate \$ \$48.00/night GSA * Rate \$ _____
 Meal costs - GSA *per diem rate \$ \$26/dinner (travel days), \$12/lunch/day

*www.gsa.gov

Date: 7/20/11

Date: 7/28/11


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

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RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Warren County Department of Social Services

DATE: July 27, 2011

- (a) Title of Requested Position: Account Clerk
- (b) Annual **Base** Salary (and Grade if Applicable): \$24,480
- (c) Effective Date for New Position:* August 22, 2011
*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):
Administrative Assistant part time, Grade 8, \$29,199
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: A. 6010.130
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) We have been in discussion
- (g) Is this a mandated position? If so, please explain: yes
- (h) Is there expected revenue from this position? If so, please explain: 87.5% reimbursement

position in the service of a civil division shall be created or any existing position in such service shall be reclassified; the proposal therefore, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission. Effective 1978

1340 State Rte 9, Lake George, NY 12845

New Position Duties Statement

Department head or other authority requesting the creation of a new position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit. Forward one typed copy to this Commission.

1. Department Social Services	Bureau, Division, Unit or Section Child Support Collection	Location of Position Social Services
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2. Description of Duties: Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

Account Clerk – part time

Percent of Work Time	Job Duty
100%	<p>Posts to journal or ledger accounts from appropriation, expense, invoice, payroll, receipts, voucher records, and other original entry media;</p> <p>Processes daily reports – ensuring that payments are credited correctly and disbursements are made correctly/ Works to eliminate or reduce the aging report daily.</p> <p>Assists in maintaining labor, material and operational cost records;</p> <p>Assists in verifying and reconciling account balances;</p> <p>Reviews account keeping records and reports for arithmetical and clerical accuracy, completeness and proper extension;</p> <p>Classifies constantly recurring receipts and expenditures and distributes costs according to a prescribed code;</p> <p>Compiles data for and assists in the preparation of simple financial and statistical reports;</p> <p>Issues receipts for monies received;</p> <p>Files requisitions, vouchers, ledger cards and other material;</p> <p>Operates computing, calculating, copying, validating, check writing and other office machines.</p>

(Attach additional sheets if more space is needed)

Names and Titles of Persons Supervising this position (General, Direct, Administrative, etc.)

<u>Name</u>	<u>Title</u>	<u>Type of Supervision</u>
Colleen Sullivan	Senior Support Investigator	Direct
Lillian Hayes, Julie Montero	Director of Child Support and Fraud, Fiscal Manager	In Direct

4. Names and Titles of Persons Supervised by Employee in this position

<u>Name</u>	<u>Title</u>	<u>Type of Supervision</u>

5. Names and Titles of Persons doing substantially the same kind and level of work as will be done by the incumbent of this new position

<u>Name</u>	<u>Title</u>	<u>Location of Position</u>
Richard Batchelder	Account Clerk	Child Support Unit

6. What minimum qualifications do you think should be required for this position?

Education: High School 4 Years
College _____ Years, with specialization in _____
College _____ Years, with specialization in _____

Experience: (list amount and type) Either:

MINIMUM QUALIFICATIONS: Graduation from high school or possession of a high school equivalency diploma including or supplemented by bookkeeping courses, or:

A. Two years of experience in a clerical position involving the maintenance of financial accounts and records; or

B. An equivalent combination of training and experience as defined by the limits of (a) and (b).

Essential knowledge, skills and abilities: Working knowledge of modern methods of keeping and reviewing financial accounts and records; working knowledge of business arithmetic and English; ability to make arithmetic computations rapidly and accurately; ability to write legibly; clerical aptitude; mental alertness; courtesy; ability to understand and follow directions; good powers of observation and perception; initiative, tact, good judgment; physical condition commensurate with the demands of the position.

Type of license or certificate required:

7. The above statements are accurate and complete.

Date: 7/27/11

Title: Commissioner

Signature: *Sheila M. Weaver*

Certificate of Civil Service Commission

8. In accordance with the provisions of Civil Service Law Section 22, the Warren County Civil Service Department certifies that the appropriate civil service title for the position described is:

Title: _____

Jurisdictional Classification: _____

Date:

Signature:

Action by Legislative Body or Other Approving Authority

9. Creation of described position

- Approved
- Disapproved

Date:

Signature:

Return One Completed Copy To Warren County Civil Service

July 27, 2011

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, termination or promotion. 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 Payroll Dept. No.
Title of Position Account Clerk - ^{PART TIME} Annual Salary \$24,480 Grade 4
Budget code and title A.6010.110 ^{W&P} Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 5198
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State 27.5% Other Local 22.5%
Impact to Budget: Savings of \$4719.00

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date July 28, 2011

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date July 28, 2011

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

Ranking Committee Member Signature William A. Lora

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

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 Julianna Pearl, Patricia Nenner
(Supervisory Committee) (Employee Name)

to attend NYS Adult Abuse Training Institute and NAPSA conference (Fundamentals of Supervision trainign for APS supervisor only) (Name of meeting or organization)

at Hyatt Regency Buffalo, NY
(Address)

on 9/18-9/23/11 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)

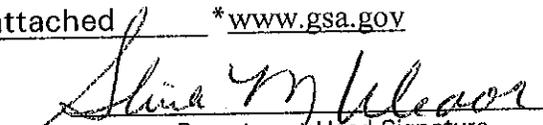
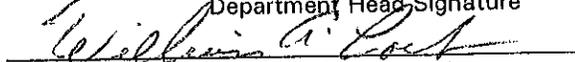
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ see attached GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ see attached *www.gsa.gov

Date: 7/26/11

Date: 7/28/11


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.

RESOLUTION REQUEST FORM NO. 15

*Requesting Approval for Out-of-State Travel**

**If the conference announcement or details are available in writing, please attach.*

DEPARTMENT NAME: Department of Social Services

DATE: 7/27/11

- (a) Dates of Travel: 8/23/11-8/26/11 (Date of return will either be 8/25/11 or 8/26/11 depending on availability of flights.)
- (b) Purpose (include complete name of any conference, school, etc.):
12th National Conference on Child Sexual Abuse and Exploitation Prevention
- (c) City/Town & State: New Orleans, LA
- (d) Employee(s) Traveling (include title(s): Katherine Lambert, CPS Caseworker
- (e) Is County paying the costs or is another Agency?
Warren-Washington C.A.R.E Center is covering the cost in full.
- (f) Mode of Transportation to be Use: Airfare/Mass Transportation
(County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.



Conference-At-A-Glance

12th National Conference on Child Sexual Abuse & Exploitation Prevention
Marriott Convention Center, New Orleans, LA

Tuesday, August 23, 2011

5:00 pm – 7:00 pm Registration
6:00 pm – 8:00 pm Welcome Reception

Wednesday, August 24, 2011

7:30 am – 5:00 pm Registration
8:00 am – 5:00 pm Exhibit Area Open
8:30 am – 10:00 am Workshop Session I
10:00 am – 10:30 am Break
10:30 am – Noon Workshop Session II
Noon – 1:30 pm Opening Luncheon
1:30 pm – 3:00 pm Circle Dialogues
3:00 pm – 3:30 pm Break
3:30 pm – 5:00 pm Workshop Session III

Thursday, August 25, 2011

8:00 am – 5:00 pm Exhibit Area Open
8:30 am – 10:00 am Workshop Sessions IV
10:00 am – 10:30 am Break
10:30 am – Noon Workshop Session V
Noon – 1:30 pm Closing Luncheon
1:30 pm – 3:00 pm Workshop Session VI
3:00 pm – 3:30 pm Break
3:30 pm – 5:00 pm Workshop Session VII

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 7/27/2011

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6106, 6109, 6119, 6123, 6129, 6140, 6141, 6142, 9785, 7311, 7312, 7313

	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
EXPENSES			
Salaries - Regular	\$5,674,693.40	\$2,979,043.99	\$5,433,658.19
Salaries - Overtime	\$90,000.00	\$59,278.04	\$86,642.99
Salaries - Part Time	\$120,436.04	\$66,475.57	\$47,664.43
Salaries - Sick Leave Incentive	\$13,600.00	\$0.00	\$9,800.00
100's PERSONAL SERVICES	\$5,898,729.44	\$3,104,797.60	\$5,577,765.61
200's EQUIPMENT	\$33,633.42	\$28,009.04	\$43,379.89
400's CONTRACTUAL	—	—	—
600's INDEBTEDNESS	\$25,609,486.00	\$10,759,332.77	\$23,741,605.71
700's INDEBTEDNESS	\$126,514.00	\$14,786.86	\$116,366.96
800's EMPLOYEE BENEFITS	\$90,253.00	\$5,871.80	\$94,398.99
TOTALS	\$34,794,680.97	\$9,675,053.13	\$32,212,776.42
	<i>15,018,469</i>	<i>\$ 8,006,113</i>	
REVENUES			
	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
	\$17,712,160.00	\$5,281,905.95	\$18,440,532.38