

SOCIAL SERVICES COMMITTEE AGENDA

Friday, February 3, 2012 @ 11 a.m.

- 1. Committee Meeting called to order by Chairman.**
- 2. Motion to approve minutes of prior Committee meeting.**

Agenda

I. ANNOUNCEMENTS

1. DSS Team Leader and Team Players for the month of January
Jamie Brochu . Team Leader
Ashley McKinney Team Player

II. ACTION ITEMS

A. TRAININGS

1. **Request:** Permission for Foster Care Caseworker, Tina Murray, to attend Domestic Violence Training for Caseworkers/On-call duties on February 9 and 10, 2012 at Saratoga County DSS.

Rationale: Many of our foster care children come from homes where they have observed or were the victim of a domestic violence situation. There is no hotel reimbursement; therefore, she will be commuting each day. This is mandated training and the funds are in the Budget.

2. **Request:** Permission for Foster Care Caseworkers, Katie Dion, Maureen Taylor and Carrie Wright, to attend Achieving Permanency through Surrender & Terminations of Parental Rights Training in Albany on March 6-8 and March 12-14, 2012.

Rational: This training assists Caseworkers in the decision to pursue adoption as the permanency goal, either through termination of parental rights or surrender. The funds are in the Budget.

3. **Request:** Permission for Adoption/Foster Care Caseworker, Janet Baker to attend Child Sexual Abuse Leader Certification Training on March 6-8, 2012 and March 20-23, 2012 in Albany.

Rational: This course will increase a Foster Care Caseworker's knowledge of child sexual abuse and improve their ability to assist adoptive/foster parents caring for a child who has experienced same. The funds are in the DSS budget.

4. **Request:** Permission for Social Welfare Examiners, Cynthia Cameron and Ana Kerst, to attend the Institute for Temporary Assistance Program Training in Albany on February 27- March 2, 2012 and March 12-16, 2012.

Rationale: This training provides knowledge and skill to new examiners related to policies and procedures that support and assist workers in administering Temporary Assistance programs. The funds are in our Budget.

5. **Request:** Permission for Preventive Unit Senior Caseworker, Cynthia Mulcahy, to attend the Core Essential Skills for Experienced Caseworkers Training on March 13-16 and March 27-30, 2012 in Albany.

Rationale: This is mandated training and the funds are in the Budget.

6. **Request:** Permission for Senior Social Welfare Examiner, Mary Wilcox, Food Stamp Supervisor, to attend Case Processing Review Training for NTA-FS Supervisors on March 20 -23, 2012 in Albany.

Rationale: This training is designed for newly promoted Supervisors who review and monitor Non-Temporary Assistance Food Stamp eligibility staff and cases. The funds are in the DSS Budget.

7. **Request:** Permission for CPS Caseworkers Lauren Berry and Pamela Parker to attend Forensic Interviewing Best Practices Training at the NYS Police Academy in Albany on March 21-23, 2012.

Rationale: This training promotes a multidisciplinary approach to the investigation of child abuse cases by training Caseworkers, law enforcement professionals and attorneys. The training is mandatory for Caseworkers and Funded by the Care Center.

8. **Request:** Permission for Case Supervisors Maureen Schmidt and Christian Hanchett to attend Leadership Training in Albany on April 26, 2012.

Rationale: This training provides participants with leadership and management concepts that are less well-known and highly practical in state and local governments.

9. **Request:** Permission for Fraud Investigator, Sharon Walter, to attend Welfare Fraud Investigator Training at the NYS Police Academy in Albany on May 7-11, 2012.

Rationale: This training is for new investigators and addresses Temporary Assistance and Food Stamp Fraud. The funds are in the DSS Budget.

B. REQUEST TO FILL VACANT POSITION

1. **Request to fill the Vacant Position of Caseworker in the Foster Care Unit** due to the resignation of Elizabeth Fregeau.

2. **Rationale:** This position is needed to satisfactorily meet the mandates of the foster care program, it is 75% reimbursable and is in the budget. Please see attached additional information.

C. VENDOR ITEMS

1. **Permission** to allow managed care vendors, **United Health Care** and **Fidelis**, to use an interview room in the Human Services Building one day a week to assist clients with health care applications.

Rationale: availability at the Human Services building will be a benefit to the DSS consumers

- a. **United Health Care Presentation by Rhonda Allison** a new managed care vendor and facilitated enroller for Warren County DSS Medicaid, Child Health Plus and Family Health Plus

III DSS DEPARTMENT INFORMATION and COMMITTEE EDUCATION

A .Brief MEDICAID PRESENTATION

By Jamie Brochu, Principal Welfare Examiner/Unit Supervisor

B. OVERTIME REPORT

C. BUDGET STATUS REPORT

Please join me in congratulating Jamie Brochu and Ashley McKinney who won Team Leader and Team Player for January 2012 through a majority of nominations by DSS staff.

Team Leader- Jamie Brochu, Principal Social Welfare Examiner of the Medicaid Unit

"Jamie is one of a kind. She is the type of supervisor that you can go to with anything whether it be a case I'm working on or a family/child issue. She never turns you away and has a genuine caring heart for her employees. I learn something new every day from Jamie because of her willingness to educate, coach and guide as well as continue to learn our ever changing jobs."

"Jamie is always available to assist with our cases. She always goes the extra mile to help you understand why we are making the decision on the case."

"Jamie is a very caring person, she is always there to listen to you. She always has a minute to answer a question. She is just a very understanding supervisor, you couldn't ask for a better one!"

"Jamie is always helpful, knowledgeable and pleasant. She has had a lot of work thrown at her over the years and works without complaints. She is very patient with everyone. She always follows the rules and regulations and if you do not understand it, she explains it by finding the information and reading it to you. Jamie is an awesome supervisor and you can talk to her about anything. She deserves this nomination."

"Jamie is always willing to lend a helping hand and always does so with a bright smile. She is a very knowledgeable, compassionate leader who takes pride in her job and in helping others become better at their job. I am never hesitant to approach Jamie with an issue whether it is personal or professional. I am always confident the matter will be handled compassionately and professionally I could not ask for a better leader than Jamie!"

"I have been under Jamie's supervision for several months and admire Jamie as a supervisor. I feel she better understands my position and answers all my questions. She has a lot of Knowledge of her position."

"Jamie exemplifies each of these words "Team" "Leader" by her actions and her integrity. I am proud to work with her."

Other Team Leader Nominees were:

Tammy Breen, Child Protective Supervisor
Chris Hanchett, Foster Care Supervisor

**Team Player-Ashley McKinney, Social Welfare Examiner of the
Temporary Assistance Unit**

"Ashley has only been here approximately 7 months but in that time she has proven to be a team player. She has completed re-certifications for staff who were out sick, she has helped examiners who were behind in their work and triaging emergencies."

"She always picks up other's work who need help without being asked."

"If she sees something that needs to be done, she does it without being asked."

"She is always positive and willing to help. She is never heard saying anything negative. She is always cooperative and will assist with anything asked of her."

Other Team Player Nominees were:

Stephanie Coulman, Child Protective Caseworker

**Andrea Corbin, Child Protective Caseworker, previous Preventive Unit
Caseworker**

Ann Hayden, Temporary Assistance Social Welfare Examiner

Jody Bills, Medicaid Social Welfare Examiner

Anthony Jordan, Social Services Attorney

Cara Watkins, CASA Caseworker

Team Leader of the Month

Reasons for nominating an individual as Team Leader of the Month.

1. Willingness to assist subordinates, co-workers and supervisors.
2. Recommends new initiatives to benefit the department/unit/county.
3. Offers to go above and beyond job responsibilities for the benefit of the unit/department/county.
4. Follows the department chain of command to address questions and concerns.
5. Adheres to department policies and procedures.
6. Is always kind and courteous to subordinates, supervisors, peers and consumers.
7. Always has a positive attitude about the unit/department/county.
8. Never is found gossiping or talking negatively about consumers, subordinates, peers, supervisors, unit, department, county.

Awards

1. Designated Parking Spot for one month
2. Announcement E-mailed to all staff recognizing selection.
3. Announcement at BOS Committee Mtg
4. Poster on all Department Bill Boards
5. Certificate of Recognition
6. All nominations will be recognized by Administration
7. Gift Certificate

In the event there is a tie or questionable nominations, there will be a vote by the department supervisors and seniors.

Team Player of the Month

Reasons for nominating an individual as Team Player of the Month.

1. Willingness to assist subordinates, co-workers and supervisors.
2. Recommends new initiatives to benefit the department/unit/county.
3. Offers to go above and beyond job responsibilities for the benefit of the unit/department/county.
4. Follows the department chain of command to address questions and concerns.
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In the event there is a tie or questionable nominations, there will be a vote by the department supervisors and seniors.

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 TINA MURRAY
(Supervisory Committee) (Employee Name)

to attend Domestic Violence Training for Child Protective Workers
(Name of meeting or organization)

at Saratoga County DSS, 152 West High Street, Ballston Spa, New York 12020
(Address)

on 2/9-2/10/12. 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)

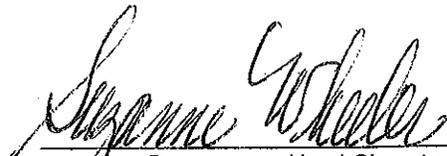
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 1/6/12
Date: 2/3/12


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.

Cost Analysis

Training	Date(s)
DOMESTIC VIOLENCE TRAINING	2/9-2/10/12
FOR CHILD PROTECTIVE WORKERS	
Cost of Training/Person	\$ 28.00
# of staff attending	\$ 1.00
	<u>\$ 28.00</u>

# of miles - round trip	61.42
X # of days attending	2
Total # of Miles	<u>122.84</u>

X	Fleet Car	0.105	\$	12.90
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X	Personal Car	0.555	\$	68.18
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Overtime Costs

	Salary	Hr. Rate	x1.5	# of hrs	Total		
#1	<u>43,032.00</u>	20.69	31.03	<u>2</u>	62.07		
#2	<u> </u>	0.00	0.00	<u> </u>	0.00	Total Salaries w/OT	62.07
#3	<u> </u>	0.00	0.00	<u> </u>	0.00		
#4	<u> </u>	0.00	0.00	<u> </u>	0.00		
#5	<u> </u>	0.00	0.00	<u> </u>	0.00		

Totals

Fleet Car + Training + OT	\$	102.96
Personal Car + Training + OT	\$	158.24

Training Announcement

Training Title

Domestic Violence Training for Child Protective Workers

Provider

NYS OPDV

Date & Time	Location	Registration Deadline
02/09/2012 - 02/10/2012 9:00AM - 4:00PM	Saratoga County DSS 152 West High Street Room: 2nd Flr Training Rm , Ballston Spa 12020-0000	01/26/2012

Training Description

This skill-based two-day training was developed in response to the passage of Chapter 280 of the laws of 2002. This mandatory training provides a comprehensive overview of adult domestic violence, the role of CPS in response to domestic violence cases and how domestic violence impacts the safety of adult victims and children.

There will be opportunities for participants to identify the presence of domestic violence, develop domestic violence safety plans with the adult victim, and practice skills learned with teaching case studies. We will explore the impact of domestic violence on children and the value of this information in CPS investigations. Participants will learn about appropriate intervention strategies and what services are available in local communities for victims and their families.

AGENDA

DAY ONE

- Sources of information for identifying domestic violence
- Tactics of control
- Interviewing the child(ren)
- Interviewing the non-offending parent
- Interviewing the suspected offender
- How to identify abuser's assaultive & coercive conduct

DAY TWO

- Interventions to enhance the safety of the child(ren) & the adult victim
- Services available to victims of domestic violence
- Means for holding the abuser accountable
- Making a determination
- Community resources available for assistance for complex cases or system failure
- Summary and Evaluation

Target Population	Additional Information
This mandatory training is designed for line staff and supervisors who work in the Investigative and Long-term Units of Child Protective Services.	
Course Prerequisites	
None	
Pre-registration Required	
Yes	
Reimbursement	

No Reimbursement
Training Fees
Local District staff will be charged Training fees
Meets In-Service CPS Requirements
No
For Additional Course Information Contact
Agnes Pala Bukhala Phone: 5184576981 Email: agnes.pala- bukhala@opdv.state.ny.us

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 Katie Dion, Maureen Taylor & Carrie Wright
(Supervisory Committee) (Employee Name)

to attend Achieving Permanency through Surrender & Terminations of Parental Right
(Name of meeting or organization)

at Holiday Inn - Albany, 205 Wolf Road, Albany, New York 12205
(Address)

on 3/6 - 3/8/12 and 3/12-3/14/12. 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 \$ 15.00

*www.gsa.gov

Date: 1/18/12

Date: 2/3/12



Department Head Signature


Committee Chairman Signature

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Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Cost Analysis

<u>Training</u>	<u>Date(s)</u>
Achieving Permanency through Surrender & Terminations of Parental Rights	3/6-3/8/12 3/12-3/14/12
Cost of Training/Person	\$ 84.00
# of staff attending	<u>3</u>
	\$ 252.00

# of miles - round trip	94.82
X # of days attending	<u>4</u>
Total # of Miles	379.28

X	Fleet Car 0.105	\$ 39.82
X	Personal Car 0.345	\$ 130.85

(Estimated)
Overtime

# of days	Total OT
<u>4</u>	1,403.45

	Salary	Hr Rate	OT Rate	# of hrs
#1	<u>36,634</u>	17.61	26.42	<u>4</u>
#2	<u>44,198</u>	21.25	31.87	<u>4</u>
#3	<u>40,800</u>	19.62	29.42	<u>4</u>
#4	<u> </u>	0.00	0.00	<u> </u>
#5	<u> </u>	0.00	0.00	<u> </u>

Hotel	# of days	Rate/night	Total Hotel Expense
	4	\$ 150.00	\$ 600.00

Totals

Fleet Car + Training + Hotel	\$ 891.82
Fleet Car + Training + Overtime	\$ 1,695.27
Personal Car + Training + Hotel	\$ 982.85
Personal Car + Training + Overtime	\$ 1,786.30

Training Announcement

Training Title

Achieving Permanency through Surrender & Terminations of Parental Rights

Attachments - click to view

[228027_Registration_Form.pdf](#)

[228027_TravelPolicy.pdf](#)

Provider

SUC Buffalo - CDHS

Date & Time	Location	Registration Deadline	Hotel
03/08/2012 - 03/08/2012 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - , Albany 12205-1129	02/21/2012	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7264
03/12/2012 - 03/14/2012 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7264

Training Description

This course, building on the abilities developed during the Common Core, strengthens caseworkers' capabilities to preserve and reunify families.

Target Population	Additional Information
Local district and voluntary agency foster and adoption caseworkers and supervisors whose job responsibility includes making the decision to pursue adoption as the permanency goal, either through a termination of parental rights or a surrender.	
Course Prerequisites	
Either CW/CPS Common Core, Core Essentials, or CW/CPS Supervisory Core training.	
Pre-registration Required	
Yes	
Reimbursement	
Mileage & Hotel	
Training Fees	
Local District 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	
For Registration Questions	

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 Janet Baker
(Supervisory Committee) (Employee Name)

to attend Child Sexual Abuse Leader Certification Week A-1
(Name of meeting or organization)

at Best Western Airport, 200 Wolf Road, Albany, New York
(Address)

on 3/6 - 3/8/12 and 3/20 - 3/23/12. 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 discretion of Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

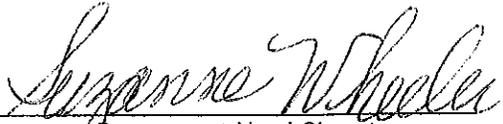
For Overnight Travel

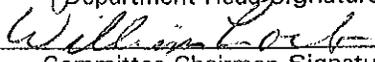
- Room rate \$ 41.00 GSA* Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 2/2/12

Date: 2/3/12



Department Head Signature


Committee Chairman Signature

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Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Cost Analysis

Training

Date(s)

Child Sexual Abuse Leader
Certification Week A-1

3/6 - 3/8/12
3/20 - 3/23/12

Cost of Training/Person \$ 70.00
of staff attending 1
\$ 70.00

Fleet Car
X 0.105 \$ 40.03

of miles - round trip 95.3
X # of days attending 4
Total # of Miles 381.2

Personal Car
X 0.345 \$ 131.51

Overtime **Hrs/Mins** **Rate** **# of days** **Total OT**
(Estimated) 4.00 26.41 4 \$ 422.56

Hotel **# of days** **Rate/night** **Total Hotel Expense**
4 \$ 41.00 \$ 164.00

Totals

Fleet Car + Training + Hotel \$ 274.03
Fleet Car + Training + Overtime \$ 532.59

Personal Car + Training + Hotel \$ 365.51
Personal Car + Training + Overtime \$ 624.07

Training Announcement

Training Title

Child Sexual Abuse Leader Certification Week A-1

Attachments - click to view

218662_Hotel Cancellation-Change Policy (revised 10-16-09).pdf

218662_Registration Form.pdf

218662_TravelPolicy.pdf

Provider

SUC Buffalo - CDHS

Date & Time	Location	Registration Deadline	Hotel
03/06/2012 - 03/08/2012 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129	02/07/2012	Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000 Phone: (518) 458-1000
03/20/2012 - 03/23/2012 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129		Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000 Phone: (518) 458-1000

Training Description

This course is valuable to any foster care caseworker. It will increase their knowledge of child sexual abuse and improve their ability to assist foster parents caring for a child who had experienced sexual abuse

Target Population

Foster/Adoptive parents, foster care and adoptive caseworkers, supervisors, homefinders, CPS and preventive workers and supervisors, Directors of Services and agency administrators.

Additional Information

Course Prerequisites

Participants must have completed GPSII/MAPP Leader certification prior to attending this course. Contact Ron Robinson at RonR@bsc-cdhs.org for any possible exceptions.

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District staff will be charged
Training fees

Meets In-Service CPS Requirements

No

For Additional Course Information
Contact

Ronald Robinson
Phone: (516) 314-3508

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 Cynthia Cameron & Ana Kerst
(Supervisory Committee) (Employee Name)

to attend Institute for Temporary Assistance Programs (ITAP)
(Name of meeting or organization)

at SUNY Albany PDP Training Center, 1215 Western Avenue, Albany, New York
(Address)

on 2/27-3/2/12 & 3/12-3/16/12. 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 \$ 52.00 GSA * Rate \$ _____
 Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 1/24/12

Date: 2/3/12


Department Head Signature

Committee Chairman Signature

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Cost Analysis

Training

Date(s)

Institute for Temporary
Assistance Programs

2/27 - 3/2/12
3/12 - 3/16/12

Cost of Training/Person \$ 140.00
of staff attending 2
\$ 280.00

Fleet Car

X 0.105 \$ 111.30

of miles - round trip 106
X # of days attending 10
Total # of Miles 1060

Personal Car

X 0.345 \$ 365.70

(Estimated)

Overtime

of days
10

Total OT

979.89

	Salary	Hr Rate	OT Rate	# of hrs
#1	<u>37,180</u>	17.88	26.81	<u>2</u>
#2	<u>30,759</u>	14.79	22.18	<u>2</u>
#3	<u> </u>	0.00	0.00	<u> </u>
#4	<u> </u>	0.00	0.00	<u> </u>
#5	<u> </u>	0.00	0.00	<u> </u>

Hotel # of days Rate/night Total Hotel Expense
8 \$ 104.00 \$ 832.00

Totals

~~Fleet Car + Training + Hotel~~ \$ ~~1,223.30~~
Fleet Car + Training + Overtime \$ 1,371.19
Personal Car + Training + Hotel \$ 1,477.70
Personal Car + Training + Overtime \$ 1,625.59

Training Announcement

Training Title

Institute for Temporary Assistance Programs (ITAP) - AT

Attachments - click to view

[228888_ITAP Course Outline 2012.pdf](#)

[228888_reg form 2012.pdf](#)

[228888_Travel and Accomodation Policies Feb-Mar2012.pdf](#)

Provider

SUNY Albany - PDP

Date & Time	Location	Registration Deadline	Hotel
02/27/2012 - 08/02/2012 8:30AM to 4:30PM	SUNY Albany PDP Training Center UAB 437 1215 Western Avenue, Albany 12203-	01/23/2012	Holiday Inn Express - Albany/Western Ave. 1442 Western Avenue, Albany 12203-0000 Phone: (518) 438-0001
08/12/2012 - 08/16/2012 8:30AM to 4:30PM	SUNY Albany PDP Training Center UAB 437 1215 Western Avenue, Albany 12203-		Holiday Inn Express - Albany/Western Ave. 1442 Western Avenue, Albany 12203-0000 Phone: (518) 438-0001

Training Description

This program is the primary vehicle for delivering core, performance-based training to new Temporary Assistance (TA) workers from social service districts (SSD) across New York State. This 10-day residential institute provides uniform, consistent knowledge and skill development opportunities related to the policies, procedures, and computerized systems that support and assist local social services districts and workers in administering temporary assistance programs. Course topics, objectives, and sequencing are based on a delivery plan developed in previous years in conjunction with NYS OTDA and the NYS Welfare Reform Advisory Committee, in addition to previous job task analyses of the role of the Social Welfare Examiner in managing temporary assistance caseloads.

This training program is a key component of a training resource system (TRS) for new TA workers, which spans a six-month period, where competency is gained and measured through classroom training as well as participation in a mix of job-related work and learning (wrap-around) activities. TRS related learning resources and supports can be found on www.trainingspace.org. It is recommended that registrants for ITAP review and complete pre-training activities in the ITAP Wrap-Around, Phase One using the assigned NYS sign-on.

Target Population	Additional Information
SSD Temporary Assistance eligibility staff: New or recently hired staff who perform TA intake, eligibility, and undercare functions; and have 1-3 months of on-the-job experience in current position (with 6 to 8 weeks being optimal). Staff from other program areas in need of a basic foundation for understanding Temporary Assistance policy.	<p>First Day Registration Weeks 1 & 2: 8:45 AM First Day Start Time: 9:00 AM Start Time Tuesday - Friday: 8:30 AM End Time Monday - Thursday: 4:30PM Friday End Time: 2:30 PM</p> <p>Attached please find: Course Outline; Registration Form; Travel & Accommodation Policies</p> <p>For overnight participants, the hotel provides breakfast and the Research Foundation of SUNY provides dinner coupons for each eligible night. Lunch is provided to all training participants.</p>

The parking passes required for this event, directions, and parking map are attached to the Confirmation.

Course Prerequisites

It is recommended that registrants for ITAP review and complete pre-training activities in the ITAP Wrap-Around, Phase One found on www.trainingspace.org using the assigned NYS sign-on.

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District staff will be charged

Training fees

Meets In-Service CPS Requirements

No

For Additional Course Information Contact

Amy Kerr

Phone: (518) 956-7874

Email: akerr@pdp.albany.edu

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 Cynthia Mulcahy
(Supervisory Committee) (Employee Name)

to attend Core Essential Skills for Experienced Caseworkers - Pre Training Week
(Name of meeting or organization)

at Parsons Services, 60 Academy Road, Albany, New York
(Address)

on 3/13- 3/16/12 and 3/27- 3/30/12. 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 discretion of 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 \$ 52.00 GSA * Rate \$ _____

Meal costs - GSA *per diem rate \$ 12.00

* www.gsa.gov

Date: 1/18/12

Date: 2/3/12


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.

Cost Analysis

Training

Date(s)

Core Essentials for **3/13-3/16/12**
Experienced Caseworkers **3/27-3/30/12**

Cost of Training/Person

of staff attending 1
\$ -

Fleet Car

X 0.105 \$ 49.56

of miles - round trip 118
X # of days attending 4
Total # of Miles **472**

Personal Car

X 0.345 \$ 162.84

(Estimated)

Overtime

of days

Total OT

4

484.44

	Salary	Hr Rate	OT Rate	# of hrs
#1	<u>41,985</u>	20.19	30.28	<u>4</u>
#2	<u> </u>	0.00	0.00	<u> </u>
#3	<u> </u>	0.00	0.00	<u> </u>
#4	<u> </u>	0.00	0.00	<u> </u>
#5	<u> </u>	0.00	0.00	<u> </u>

Hotel # of days Rate/night Total Hotel Expense
 6 \$ 52.00 \$ 312.00

Totals

Fleet Car + Training + Hotel \$ 361.56
Fleet Car + Training + Overtime \$ 534.00

Personal Car + Training + Hotel \$ 474.84
Personal Car + Training + Overtime \$ 647.28

Training Announcement

Training Title

Core Essential Skills for Experienced Caseworkers-Pre Training Week

I-A

Attachments - click to view

228693_Registration_Form.pdf

Provider

SUNY Albany - PDP

Date & Time	Location	Registration Deadline	Hotel
02/13/2012 - 03/13/2012 9:00AM to 12:15PM	TrainingSpace.org www.trainingspace.org, Albany 00000-	02/28/2012	not defined, Albany 00000-0000 Phone: (000) 000-0000
03/13/2012 - 03/16/2012 9:00AM to 4:30PM	Parsons Services, Albany, GO Academy Road, Albany 00000- 0000		Cresthill Suites 1415 Washington Avenue, Albany 12206-0000 Phone: (518) 454-0007
03/14/2012 - 03/27/2012 9:00AM to 2:30PM	TrainingSpace.org www.trainingspace.org, Albany 00000-		not defined, Albany 00000-0000 Phone: (000) 000-0000
03/27/2012 - 03/30/2012 9:00AM to 4:30PM	Parsons Services, Albany, GO Academy Road, Albany 00000- 0000		Cresthill Suites 1415 Washington Avenue, Albany 12206-0000 Phone: (518) 454-0007

Training Description

Training Description

This program is designed to build caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families to achieve the child welfare outcomes of safety, permanency, and well-being.

The summary below identifies steps involved in completing the training program beginning with the Pre-Core conference and ending with the Post-Core conference. Beginning February 13, 2012 three weeks prior to the classroom training, the trainers, the trainees, their supervisors, and the staff development coordinators will participate in a Pre-Core conference. The conference will be conducted in person at the agency. During the conference, trainers will provide detailed information and expectations for participation in the training.

After the Pre-Core conference, the trainee will engage in a series of pre-classroom computer-based instructional activities as a prerequisite for the first week of classroom training, which begins on March 13, 2012. Access to the internet is required for participation in computer-based training. Pre-classroom instructional activities will include a pre-test, trainee self assessment, and a number of computer-based components that cover child welfare definitions and concepts, laying the groundwork for further development in the classroom.

The remaining pre-classroom computer-based instructional activities consist of narrated presentations that trainees may complete individually at their convenience. Computer-based instructional activities can be accessed through TrainingSpace (access instructions below). The total amount of time trainees will need to complete all of the pre-classroom components, with the exception of the Pre-Core conference, is approximately 4 hours.

There will also be mid-classroom computer-based training components that trainees will be required to complete in their home districts during the week when they are not participating in classroom training. Subsequent to the delivery of Module I, trainees will be required to complete approximately 4 hours of computer-based instruction, which must be completed prior to the resumption of in-classroom training.

It is essential that trainees have protected time to complete these assignments. Completion of activities will be tracked in STARS. It is the district's or agency's responsibility to verify the completion of all out-of-classroom instructional activities for each trainee.

Computer-based instructional activities can be accessed through TrainingSpace. Go to

www.trainingspace.org and login using your NYSDS Login and you will see the course you are registered for listed in the "my training space" area on the left.

Note: Completion of pre-classroom and mid-classroom instructional activities as well as pre- and post-core conferences, is required for successful completion of this program. Mandated Reporter Training is required for successful participation in CES training and must be completed before the first week of classroom training. The learner may participate in any one of the following:

a mandated reporter training provided by their agency

an iLine program provided by OCFS-Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect (requires separate registration)

a self-directed Web-based program provided by OCFS - Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect (requires separate registration)

Target Population	Additional Information
Experienced local district and voluntary agency child welfare and child protective services caseworkers practicing in the areas of foster care, adoption, protective, and preventive services, in Regions I, II, III, and IV.	
Course Prerequisites	
One year of casework practice experience. Pre-classroom computer-based instructional activities are part of the course and must be completed the week prior to classroom training. Mandated Reporter training is a part of the course and must be completed before the first week of classroom training. If you have difficulty completing the prerequisites, feel free to contact PDP/Megan Burgess at 518-956-7882 or mburgess@pdp.albany.edu	
Pre-registration Required	
Yes	
Reimbursement	
Mileage & Hotel	
Training Fees	
Training Fees will not be charged	
Meets In-Service CPS Requirements	
No	
For Additional Course Information Contact	
Corinne Kovatchitch Phone: (518) 956-7871 Email: ckovatch@pdp.albany.edu	

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 MARY WILCOX
(Supervisory Committee) (Employee Name)

to attend Case Processing Review Training for NTA-FS Supervisors
(Name of meeting or organization)

at SUNY Albany PDP Training Center, 1215 Western Avenue, Albany, NY 12203
(Address)

on 3/20-3/23/11. 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.

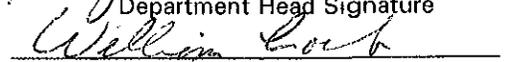
For Overnight Travel

- Room rate \$ 52.00 GSA * Rate \$ _____
- Meal costs - GSA * per diem rate \$ _____

*www.gsa.gov

Date: 1/30/12

Date: 2/3/12


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.

Training Announcement

Training Title

Case Processing Review Training for NTA-FS Supervisors

- Attachments - click to view
- 228954_CPR NTA FS Registration Form.pdf
 - 228954_Travel & Accommodation Policies-Albany March.pdf

Provider

SUNY Albany - PDP

Date & Time	Location	Registration Deadline	Hotel
03/20/2012 - 03/23/2012 9:00AM to 4:30PM	SUNY Albany PDP Training Center UAB 437 1215 Western Avenue, Albany 12203-	03/01/2012	Holiday Inn Express - Albany/Western Ave. 1442 Western Avenue, Albany 12203-0000 Phone: (518) 438-0001

Training Description

Please see Course Description.

Target Population

This training program is designed for supervisors who review and monitor Non-Temporary Assistance Food Stamp (NTA-FS) eligibility staff and cases, regardless of the length of their supervisory experience. It is applicable for newly promoted supervisors, experienced supervisors, and supervisors seeking a refresher course.

Additional Information

Registration Time: 8:30 am Day 1

Course Prerequisites

It is recommended that registrants for Case Processing Review Training for NTA-FS Supervisors have previously completed the five day offering of the Food Stamp Worker Training Institute (FSWTI).

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District staff will be charged Training fees

Meets In-Service CPS Requirements

No

For Additional Course Information Contact

Peggy Dayer
Phone: (518) 956-7927
Email: pdayer@pdp.albany.edu

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 LAUREN BERRY AND PAMELA PARKER
 (Supervisory Committee) (Employee Name)

to attend FORENSIC INTERVIEWING BEST PRACTICES TRAINING
 (Name of meeting or organization)

at NYS Police Academy, 1220 Washington Avenue, Albany, New York 12226
 (Address)

on 3/21-3/23/12. 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.

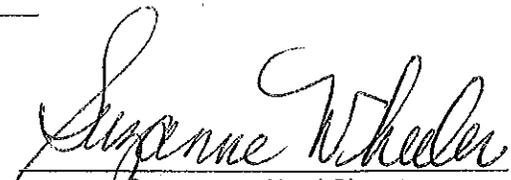
For Overnight Travel

- Room rate \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 2/2/12

Date: 2/3/12


 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.

Training Announcement

Training Title

Forensic Interviewing Best Practices Training

Provider

Safe Horizon/NYSCARCC

Date & Time	Location	Registration Deadline
03/21/2012 - 03/23/2012 08:45 AM to 04:45 PM	NY State Police Academy, 1220 Washington Avenue Bldg 22, Albany 12226-2232	02/22/2012

Training Description

This three-day training promotes the multidisciplinary approach to the investigation of child sex abuse cases by training case workers, law enforcement professionals, and attorneys together on forensic interviewing of children.

Target Population

Please note: nomination through STARS DOES NOT guarantee you a slot at this training. Child Protective Services, Law Enforcement and Assistant District Attorneys; participants are encouraged to attend in pairs of CPS and LE/ADA. Supervisors and other MDT or CAC members are welcome to register as observers and attend the first two days.

Additional Information

Please note: nomination through STARS does not guarantee you a slot at this training. Although this training is listed in STARS, there will be a screening process to accommodate registrants from the following counties listed in order of priority: those with MDTs and CACs, new or developing MDTs and lastly, remaining local districts. The registration process for this training is two-fold: nomination through STARS or through the CAC Director's request and upon approval by CARCC based on the aforementioned priority list as well as the on-going wait list and a paper application, which is distributed to CAC Directors or those responsible for registering the team members. Counties are urged to contact CARCC early in the year to be put on the wait list.

Participants attending all three days, please bring props and materials you use in your forensic interviews that assist you in rapport building, conducting a developmental assessment, etc. to the role play exercise on the last day of the training. Examples include crayons, coloring books, Play-Doh and/or construction paper.

Lunch will not be provided. You will be provided with a list of local restaurant recommendations at the training.

Once attendees are confirmed for the training, they are expected to attend the entirety of the three days if registered as participants and first two days if registered as observers. If you must cancel your registration, please contact CARCC as soon as possible. Any no shows from your county may disqualify you from future trainings this calendar year.

*In order to receive trainee reimbursement for overnight rooms, mileage and/or meals, you must contact Kathryn Tipora at 866 313 3013 ahead of time as there are limited funds available on a first come, first serve basis only to trainees

Course Prerequisites

Sexual Abuse Dynamics and Intervention Training

Pre-registration Required

Yes

Reimbursement

No Reimbursement

Training Fees

Training Fees will not be charged

Meets In-Service CPS Requirements

Yes

For Additional Course Information Contact

Kathryn Tipora

Phone: (866) 313-3013

Email: ktipora@safehorizon.org

* Copy for Deb



TRAINING PARTICIPANT APPLICATION
New York State Forensic Interviewing Best Practices Training
Sponsored by the New York State Child Advocacy Resource and Consultation Center
March 21 - 23, 2012 * New York, NY

Please read the instructions in the attached letter carefully

- Answer all questions on this application. Incomplete applications will only be reviewed if extra space allows.
- Applications must be faxed to CARCC at 718 330 5462 or emailed to nyscarcc1@yahoo.com **no later than FEBRUARY 29, 2012**. Applications received after this date will not be considered.
- **Please write legibly**

Name: Pamela Parker

Title: CPS Caseworker County: Warren

Primary Agency/Organization: Warren Co. Dept.of Social Services

Mailing Address (with City/State/Zip): 1340 State Route 9, Lake George, NY 12845

Telephone (with Area Code): 518-761-6392 Fax: 518-761-6288

Email: pamela.parker@dfa.state.ny.us

Discipline: Law Enforcement Child Protective Services Prosecution Mental Health

Years of Experience in Discipline: Less than 1 1 - 3 4 - 6 7 - 10 10+

At this training, the **forensic interview is defined as the primary interview with an INVESTIGATIVE function** (and not an interview such as therapeutic or evaluation).

Using the definition above, do you regularly conduct forensic interviews? Yes No

If yes, for how many years? Less than 1 1 - 3 4 - 6 7 - 10 10+

Have you ever attended forensic interviewing trainings in the past? Yes No

If yes, please list the names of the trainings: _____

****Please note workers in Warren Co are not permitted to conduct Forensic interviews until this training is completed.**

Will you be able to attend all three days, March 21 - 23, 2012? Yes No

(Note: individuals must notify CARCC of any cancellations by March 14, 2012)

Pamela J Parker
Signature

1/30/12
Date



TRAINING PARTICIPANT APPLICATION
New York State Forensic Interviewing Best Practices Training
 Sponsored by the New York State Child Advocacy Resource and Consultation Center
March 21 - 23, 2012 * New York, NY

Please read the instructions in the attached letter carefully

- Answer all questions on this application. Incomplete applications will only be reviewed if extra space allows.
- Applications must be faxed to CARCC at 718 330 5462 or emailed to nyscarcc1@yahoo.com **no later than FEBRUARY 29, 2012**. Applications received after this date will not be considered.
- **Please write legibly**

Name: Lauren Berry

Title: CPS Caseworker County: Warren

Primary Agency/Organization: Warren Co. Dept. of Social Services

Mailing Address (with City/State/Zip): 1340 State Route 9, Lake George, NY 12845

Telephone (with Area Code): 518-761-6268 Fax: 518-761-6288

Email: lauren.berry@dfa.state.ny.us

Discipline: Law Enforcement Child Protective Services Prosecution Mental Health

Years of Experience in Discipline: Less than 1 1 - 3 4 - 6 7 - 10 10+

At this training, the **forensic interview is defined as the primary interview with an INVESTIGATIVE function** (and not an interview such as therapeutic or evaluation).

Using the definition above, do you regularly conduct forensic interviews? Yes No

If yes, for how many years? Less than 1 1 - 3 4 - 6 7 - 10 10+

Have you ever attended forensic interviewing trainings in the past? Yes No

If yes, please list the names of the trainings: _____

****Please note workers in Warren Co are not permitted to conduct Forensic interviews until this training is completed.**

Will you be able to attend all three days, March 21 - 23, 2012? Yes No

(Note: individuals must notify CARCC of any cancellations by March 14, 2012)

Lauren J. Berry
 Signature

1/30/12
 Date

FACSIMILE COVER SHEET

Warren County Department of Social Services
1340 State Route 9
Lake George New York 12845-3484

Phone (518) 761-6300
Fax Number (518) 761-6288

SEND TO:

Company Name: CARCC

Attention: _____

Date: 1/30/12

Fax Number: 7183305462

Phone Number: _____

Urgent Reply ASAP Please Comment Please Review For your information

Total pages, including this cover sheet: 3

Note: THIS MESSAGE INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH THIS IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, **CONFIDENTIAL** AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE CALL US IMMEDIATELY. THANK YOU.

COMMENTS: _____
Applications for NYS Forensic Interviewing
Best Practices.

Signature Jammy Breen
518-761-6287

TRANSMISSION VERIFICATION REPORT

TIME : 01/30/2012 14:28
NAME : WARREN CO CPS UNIT
FAX : 5187616288
TEL : 5187616319
SER.# : BROL2J852961

DATE, TIME	01/30 14:27
FAX NO./NAME	917183305462
DURATION	00:00:54
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

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 and Christian Hanchett
(Supervisory Committee) (Employee Name)

to attend Leadership Training
(Name of meeting or organization)

at Holiday Inn Express, 1442 Western Avenue, Albany, New York
(Address)

on 4/26/12. 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 \$ 15.00

*www.gsa.gov

Date: 1/31/12
Date: 2/5/12

Spencer Wheeler
Department Head Signature
William Lamb
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.

Cost Analysis

Training

Date(s)

Leadership

4/26/2012

Cost of Training/Person	\$	14.00
# of staff attending	\$	2.00
	\$	28.00

# of miles - round trip	104
X # of days attending	1
Total # of Miles	<u>104</u>

X	Fleet Car	0.105	\$	10.92
---	-----------	-------	----	-------

X	Personal Car	0.555	\$	57.72
---	--------------	-------	----	-------

Overtime Costs

	Salary	Hr. Rate	x1.5	# of hrs	Total		
#1	<u>49,448.00</u>	23.77	35.66	<u>2</u>	71.32		
#2	<u>45,287.00</u>	21.77	32.66	<u>2</u>	65.32	Total Salaries w/OT	136.64
#3	<u> </u>	0.00	0.00	<u> </u>	0.00		
#4	<u> </u>	0.00	0.00	<u> </u>	0.00		
#5	<u> </u>	0.00	0.00	<u> </u>	0.00		

Totals

Fleet Car + Training + OT \$ 175.56

Personal Car + Training + OT \$ 222.36

Training Announcement

Training Title

LEADERSHIP

Attachments - click to view

229007_TravelandAccommodations.pdf

Provider

Cornell - NYSSILR

Date & Time	Location	Registration Deadline	Hotel
04/26/2012 9:00AM to 4:00PM	Holiday Inn Express - Albany/Western Ave. 1442 Western Avenue, Albany 12203- 0000	04/12/2012	Holiday Inn Express - Albany/Western Ave. 1442 Western Avenue, Albany 12203-0000 Phone: (518) 438-0001

Training Description

During this one-day course participants will learn and work with 15 very useful leadership and management concepts. These concepts are less well-known but highly practical in State and local government. Many of these concepts are derived from interviews conducted with over 150 human services leaders from around the country, as well as from management literature. They will be presented in a variety of ways, with an emphasis on case studies and examples, as these methods have often been found to be most effective in building the patterns of recognition essential to good leadership. Participants will leave the class with a command of these concepts and an appreciation of how and when they should be applied.

This course is the first component of a comprehensive OTDA HSLI management and leadership development initiative that will provide extensive follow-up technical assistance to participants as they work with the ongoing challenges they face as leaders in their organizations.

Target Population

Manager

Additional Information

Course Prerequisites

None

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District staff will be charged

Training fees

Meets In-Service CPS Requirements

No

For Additional Course Information

Contact

Mary Keane

Phone: (914) 378-1899

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 SHARON WALTER
(Supervisory Committee) (Employee Name)

to attend Welfare Fraud Investigator Training
(Name of meeting or organization)

at NYS Police Academy, Albany State Campus, Building 24, Albany, New York
(Address)

on 5/7-5/11/12. 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.

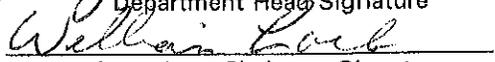
For Overnight Travel

- Room rate \$ 52.00 GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ _____

*www.gsa.gov

Date: 1/24/12

Date: 2/3/12


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.

Training Announcement

Training Title

Welfare Fraud Investigator Training Institute

Attachments - click to view

228787_2012 May WFIT Travel and Accomodation Policies.pdf

228787_Course Outline.pdf

228787_reg form.1-11.pdf

Provider

SUNY Albany - PDP

Date & Time	Location	Registration Deadline	Hotel
08/07/2012 - 08/11/2012 8:30AM to 4:45PM	NYS Police Academy - Albany State Campus - Building 24, Albany 12202-0000	04/19/2012	Holiday Inn Express - Albany/Western Ave. 1442 Western Avenue, Albany 12203-0000 Phone: (518) 438-0001

Training Description

The Welfare Fraud Investigator Training Institute is a five-day program (residential for upstate) for Welfare Fraud Investigators employed by local social services districts within New York State. The program addresses TA and FS fraud.

At the Institute, new investigators will have the opportunity to understand the context of their work and their roles and responsibilities within the investigative process. Course content will include: understanding professional standards and legal issues; eligibility processing; program requirements; gathering evidence and leads; budgeting (TA and FS) including claim determination (Upstate = overview only); detecting counterfeit and forged documents (NYC = overview only); planning investigations; investigative interviewing, and advanced interrogation skills; evaluating evidence; pursuing IPV and/or criminal prosecution; and testifying guidelines. Parts of the course are taught by experts in the field of welfare fraud investigation, and by training staff of the State Police Academy.

Target Population

**Welfare Fraud Investigators with less than two years of experience.
**Experienced investigators looking for a refresher.

Additional Information

Registration: 8:15am
Attached: Travel & Accomodation Policies, Course Outline, Registration Form
For overnight participants, the hotel provides breakfast and the Research Foundation of SUNY provides dinner coupons for each eligible night. Lunch is provided to all training participants.

Course Prerequisites

As a pre-requisite to the Institute, participants are required to complete a Multimedia interactive course on Investigative Interviewing for Welfare Fraud Investigators. (For Upstate trainings, the CAI disks are on hand at local staff development offices or (upon request) will be mailed to participants after registration.)

Pre-registration Required

Yes

Reimbursement
Mileage & Hotel
Training Fees
Local District staff will be charged Training fees
Meets In-Service CPS Requirements
No
For Additional Course Information Contact
Amy Kerr Phone: (518) 956-7874 Email: akerr@pdp.albany.edu

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

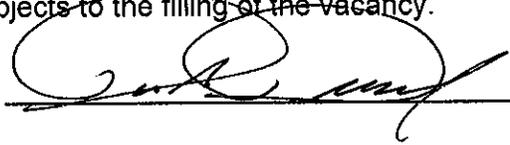
Department SOCIAL SERVICES Payroll Dept. No. 40.01
Title of Position CASEWORKER #10 Annual Salary \$35,385 Grade 14
Budget code and title A.6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 11419
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State 25% Other LOCAL 25%
Impact to Budget: (1,249)

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date Feb. 3, 2012

- 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 Feb. 3, 2012

- 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 Loft _____

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 _____

February 2, 2012

Dear Chris Hanchett,

I am writing in order to inform you of my resignation from my current caseworker and homefinder position. My last day of work will be February 17, 2012. I have signed an employment contract with Impulse Monitoring.

I would like to express my appreciation for your excellent leadership and counsel. I have learned a lot about what it takes to be a good leader and how to effectively communicate with people from all walks of life. These skills will be of great value to me in my career.

I have been fortunate to be employed by Warren County. I will do my utmost to finish my upcoming reports and to assist other caseworkers to make a smooth transition.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Fregeau". The signature is written in dark ink and is positioned above the printed name.

Elizabeth Fregeau

Foster Care Caseworker/Homefinder