

SOCIAL SERVICES COMMITTEE

AGENDA

Friday, July 25, 2014

9:30 a.m.

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

May Team Player – Sarah Raymond; Team Leader – Tammy Breen
June Team Player – Dominique Rowland; Team Leader - Rebecca Reynolds
July Team Player – Mary Moynihan; Team Leader - Bobbie Bradway

4. Action Items

A. PERSONNEL REQUESTS

1. Notice of Intent to Fill the Vacant Position of Social Welfare Examiner #21 in the Temporary Assistance/SNAP Unit and backfills, due to the retirement of Mary Allen, (Grade 8 Step 16) salary \$38,934 effective August 29, 2014.

Potential Savings: \$8,100

2. Notice of Intent to Fill the Vacant Position of Social Welfare Examiner #41 in the Temporary Assistance/SNAP Unit and backfills, due to the retirement of Diane Perry (Grade 8 Step 30) salary \$40,434 effective August 30, 2014.

Potential Savings: \$9,599

3. Notice of Intent to Fill the Vacant Position of Social Welfare Examiner #40 in the Temporary Assistance/SNAP unit and backfills, due to the resignation of Michael McGowin (Grade 8 Step 0) salary \$30,835 effective August 29, 2014.

4. Notice of Intent to Fill the Vacant Position of Sr. Social Welfare Examiner #41 in the Temporary Assistance/SNAP Unit and backfills, due to the resignation of Katarzyna Steves (Grade 11 Step 4) salary \$35,996. Her last day on DSS payroll will be August 9, 2014. She accepted a position in the Warren County Probation Department.

Potential Savings \$2,309

5. Notice of Intent to Fill the Vacant Position of Social Services Attorney and backfills, due to the resignation of Anthony Jordan, Salary \$73,000 effective August 9, 2014.

Please join the Commissioner in congratulating the Team Leader and Team Player for the month of May:

TEAM LEADER:

Tammy Breen, Case Supervisor, Child Protective Services Unit

“Tammy always goes above and beyond her job responsibilities for the benefit of the unit, department, and County no matter what time of day it is. If we have any questions or concerns about a case, Tammy is always there to listen.”

“Tammy always has a positive attitude about our unit and she is always willing to assist workers and other supervisors.”

Other Team Leader nominee: Kate Steves

TEAM PLAYER:

Sarah Raymond, Social Welfare Examiner, Temporary Assistance Unit

“Sarah has a great attitude and although she is fairly new she is always willing to step forward and help the unit with a smile. She remains focused and completes her work in a timely manner.”

“Sarah embraces change and takes it all in stride. She is a team player and very pleasant to work with!”

Other Team Player nominees: Cara Watkins, Laura DeAmelia, Dominique Rowland, Cheryl Grimes and Cynthia Cameron.

*Please join the Commissioner in congratulating the
Team Leader and Team Player for the month of July:*

TEAM LEADER:

Bobbie Bradway, Sr. Social Welfare Examiner, Medicaid Managed Care/TPHI Unit

"Since Bobbie has taken the position of supervisor in our department, I feel that the moral in our department has increased. Bobbie has been supportive in answering our questions and solving issues when they arise. Even though she is still new and learning her position she goes out of her way to find us an answer if she is uncertain. I look forward to coming into work every morning because I know I will see Bobbie in her office with the smile on her face that she carries throughout the day. She is a leader that brightens our day!"

"As a new supervisor to this unit, I think Bobbie is doing a great job. She is always ready to listen and is very helpful in answering questions. She does make coming to work a pleasure. I'm happy to have her as my supervisor."

"Bobbie is a great supervisor. She is very thorough. She is an excellent trainer. Bobbie explains situations with examples and makes it easier to understand. She is very knowledgeable of Medicaid. Bobbie deserves to be the team leader of the month."

"If a Team Leader/Team Player nominee needed to fill the seven reasons itemized in order to be 'Team Leader of the Month', Bobbie Bradway has certainly achieved these goals."

"I am fairly new and still unsure of different situations as they arise, but her encouragement and support has helped me tremendously. She is always there for any questions or concerns that I may have. She is never intimidating but gracious as I incur different situations that may require her attention. She is educating me and not just telling me what to do. I am learning; I am comfortable; I enjoy coming to work each day; and I must say it is in large part due to Bobbie Bradway. Her positive and caring attitude comes across. Each morning our department is greeted with her warm "good morning" and a smile."

"I know I speak for our department when I say that Bobbie Bradway is a Team Leader to us, and therefore I nominate her for Team Leader of the Month."

Other Team Leader nominees: Liz Burke and Cindy Mulcahy

TEAM PLAYER:

Mary Moynihan, Keyboard Specialist, Services Unit

"Mary is a pleasure to work with. She is kind and courteous to anyone she comes in contact with. Mary is efficient and well organized. She's a quick learner and is willing to help out any of the units. Another worker recently said, "She is the best acquisition we've had in a long time", and I couldn't agree more! We're very lucky to have Mary in our unit."

Other Team Player nominees: Katilynn St. John, Beth Mabie and Sarah Montero

JUL 14 2014

Mary E. Allen
31 Fairwood Drive
Queensbury ny 12804

07/11/2014

I will be retiring as of august 29th 2014.

Sincerely,

Mary E. Allen

Mary E. Allen

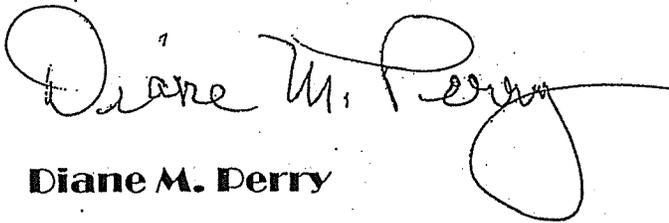
JUL 14 2014

Diane M. Derry
177 Bay Street
Glens Falls, New York 12801

07/11/14

This to inform you that as of 08/31/14 I will be retiring after almost 39 years of service.

Sincerely,

A handwritten signature in black ink that reads "Diane M. Derry". The signature is written in a cursive style with a large, looping flourish at the end of the name.

Diane M. Derry

Wednesday, July 16, 2014

Dear Mrs. Maureen Schmidt,

I am writing to inform you that I will be resigning from my position as a Social Welfare Examiner. My last day of work will be August 28th.

I would like to thank you for having me as part of your team. I am proud to have worked for Warren County, and I appreciate the time and patience you have shown in training me. I have learnt a lot and these skills will serve me well in my career.

Please acknowledge this letter of resignation and know that I will do my best to ensure that all of my cases are completed and ensure a smooth transition. I have been fortunate to have been a part of Warren County, and I wish you every success in the future.

Sincerely,

A handwritten signature in black ink that reads "Michael McGowin". The signature is written in a cursive style with a long, sweeping tail on the "n".

Michael McGowin

Katarzyna Steves

24 Crandall Street

Glens Falls, NY 12801

Katarzyna.Steves@dfa.state.ny.us

07/21/2014

Maureen Schmidt

Deputy Commissioner

Warren County DSS

1340 State Route 9

Lake George, NY 12845

Dear Maureen:

I am writing to formally notify you of my resignation from my position as a Senior Social Welfare Examiner at Department of Social Services. I was recently offered a new opportunity with a Probation Department and have decided to take their offer. My last day with DSS will be 08/10/2014.

This past four years was amazing. I will miss my job and incredible people I have had a pleasure to work with. I cannot thank enough for all the opportunities and experiences I was provided with during my time with the agency.

I appreciate your support and understanding, and I wish you all the very best. Please let me know if I can be of any assistance during the last few weeks of my time here.

Sincerely,



Katarzyna Steves

July 24, 2014

Maureen Schmidt
Deputy Commissioner
Warren County Department of Social Services
1340 State Route 9
Lake George, New York 12845

Dear Deputy Commissioner Schmidt:

As you are aware, I have recently accepted an offer of a Senior Attorney position with the New York State Office of Children and Family Services. Please accept this letter as formal notice of my resignation from my current position as your Social Services Attorney, effective August 8, 2014.

Please know that I will be leaving a job that I love. I have been employed as an attorney with the Warren County Department of Social Services Legal Unit since October, 2008. During that time I have had the opportunity to work closely with you as well as with former Commissioner Wheeler, the various Department supervisors and the many caseworkers staffing this agency. It has been my pleasure and honor to have had the opportunity to serve all of the citizens of Warren County as a member of such an exemplary group.

I also feel it necessary to briefly comment that in the course my nearly six years with the agency my appreciation for the dedication, skill and, above all, compassion demonstrated by your staff has only increased. The situations confronted on a daily basis by the caseworkers of the various units frequently involve personal and family crises of indescribable despair and hopelessness, often aggravated further by substance abuse, mental illness and poverty. Despite such daunting circumstances, your staff does make a real difference in the lives of those it serves. The benefit of those efforts to our larger shared community is invaluable.

I wish you and the agency all the best.

Sincerely,


Anthony Jordan, Esc.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Social Services

SIGNED: *Maureen Schmidt*

DATE: 7/14/14

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------|----------------|--------------|---------------|
|------------------|--------------|----------------|--------------|---------------|

Please state reason for transfers requested:

CONTINGENT FUND TRANSFER REQUESTS

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|---|----------------|---------------------|---------------|
| A.1990 469 | Contingent Account- Other Payments/Contributions | A.6100 470 | Medicaid - Contract | \$169,633.00 |

Please state reason for transfer request:

IGT payment to Westmount much greater than anticipated.

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Social Services

SIGNED: *Maureen Schmidt*

DATE: 7/24/14

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------------|----------------|----------------------|---------------|
| A 6010 110 | Salaries - Regular | A 6010 130 | Salaries - Part Time | \$25,000.00 |

Please state reason for transfers requested:

To cover costs for temporary workers - Caseworkers & Heap Examiners through 12/31/14

CONTINGENT FUND TRANSFER REQUESTS

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|---|----------------|--------------|---------------|
| A.1990 469 | Contingent Account- Other Payments/Contributions | | | |

Please state reason for transfer request:

IGT payment to Westmount much greater than anticipated.

Please file original request with Clerk of the Board and retain copy for your records.

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 Pat Diamond, Natasha Dishong and Heidi Knickerbocker
(Supervisory Committee) (Employee Name)

to attend Child Support 101 Training
(Name of meeting or organization)

at Comfort Inn & Suites 99 Miller Rd, Castleton, NY 12033
(Address)

on September 30 - October 2, 2014. Mode of transportation to be used
County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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: 7/25/14

Mareen Schmidt

Department Head Signature

Date: 7/25/14

Neil Weston

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.

| Cost Analysis | | Training | | Date(s) | |
|---------------------------|---------------|-------------------------|-----------------|-----------------------------------|---------------------|
| Pat Diamond | | Child Support 101 | | 9/30, 10/1, 10/2/14 | |
| Natashia Dishong | | | | | |
| Heidi Knickerbocker | | | | | |
| | | Cost of Training/Person | | \$ | - |
| | | # of staff attending | | | 3 |
| | | | | \$ | - |
| Overnight | | Commuting | | | |
| # of miles/1 way | <u>60</u> | <u>60</u> | | | |
| X # trips | <u>2</u> | <u>6</u> | | | |
| Total # of miles | 120 | 360 | X | | |
| | | | Fleet Car - .12 | | |
| | | | Overnight | \$ | 14.40 |
| | | | Commute | \$ | 43.20 |
| Estimated Overtime | | | | | |
| Commuting | | | | | |
| | Salary | Hr Rate | OT Rate | # of hrs | Total OT |
| #1 | <u>36,604</u> | 17.60 | 26.40 | <u>4.5</u> | 118.79 |
| #2 | <u>24,699</u> | 11.87 | 17.81 | <u>4.5</u> | 80.15 |
| #3 | <u>38,434</u> | 18.48 | 27.72 | <u>4.5</u> | 124.73 |
| | | | | | Commuting OT |
| | | | | | \$ 323.67 |
| Overnight | | | | | |
| | | | | # of hrs | Total OT |
| #1 | | | | <u>2.5</u> | 65.99 |
| #2 | | | | <u>2.5</u> | 44.53 |
| #3 | | | | <u>2.5</u> | 69.29 |
| | | | | | Overnight OT |
| | | | | | \$ 110.52 |
| Hotel | | | | | |
| | | | | Rate/night | Total Hotel Expense |
| | 3 | 2 | | \$ 150.00 | \$ 300.00 |
| Totals | | | | | |
| | | | | Fleet Car + Training + Hotel + OT | \$ 424.92 |
| | | | | Fleet Car + Training + Overtime | \$ 366.87 |

Schmidt, Maureen (DFA)

From: StarsRequests@bsc-cdhs.org
Sent: Wednesday, June 18, 2014 11:05 AM
To: Schmidt, Maureen (DFA)
Subject: Castleton- Child Support 101
Attachments: 655065_CS101TravelandAccommodationGuidelines2014Castleton.pdf

This email has been automatically sent to you. DO NOT respond. It is not monitored.

TRAINING ANNOUNCEMENT

Training Title

Child Support 101

Provider

SUNY Albany - PDP

| Date & Time | Name & Location | Registration Deadline | Lodging |
|---|---|-----------------------|---|
| 09/30/14 9:00am to 4:00pm 10/01/14 9:00am to 4:00pm 10/02/14 9:00am to 4:00pm | Child Support 101 Comfort Inn & Suites - Castleton 99 Miller Road, Castleton 12033- Location Phone: (518) 479- 3217 | 09/16/2014 | Comfort Inn & Suites - Castleton 99 Miller Road, Castleton 12033- Phone: (518) 479-3217 |

Additional Information

Course Description

This three-day training provides an overview of the knowledge and skills needed to successfully administer child support enforcement in the state of New York. Trainees will learn about the program's history, mission and values; sources of federal and state policy; partnerships necessary to accomplish program goals and the importance of meeting federal and state performance measures. Trainees will also become familiar with each function within the child support enforcement program: Intake, Location, Paternity Establishment, Support Establishment, Support Collection, Support Enforcement, and Case Closure. Trainees will learn job-specific terminology as they become acquainted with each function as well as CSMS and ASSETS, the computer systems used to search, manage and maintain case data. Trainees will also learn about the roles of the Child Support Processing Center and local districts in meeting programmatic and customer service needs. Having a comprehensive view of the child support enforcement process will help staff to administer child support policies and procedures with care and consistency.

Training Description

Same as Course Description

Target Population

New or reassigned local district and state staff responsible for any or all of the functions associated with child support enforcement; it is recommended that local district staff be on the job for at least one month but not longer than six months prior to attending this training.



2014 Travel Guidelines

Child Support 101 (9/30/2014 – 10/2/2014) Comfort Inn, Castleton, NY

To obtain reimbursement for travel expenses:

You must complete a Travel Payment Request Form to obtain reimbursement for your travel expenses to and from the training. Travel reimbursement packets will be distributed at the training.

Mode of transportation:

You must use the most economical method of travel unless there are circumstances that would make this unreasonable, in which you must get approval in advance. If you choose to travel by a more expensive method of transportation **when a more economical method** is available you will be reimbursed at the mileage rate of \$0.21 per mile. The cost of public transportation will be reimbursed at or below the cost of the mileage reimbursement, whichever is lower. **Rental cars can be considered if deemed cost effective and are approved in advance.**

If you drive a **county car** you will be reimbursed for tolls and parking only. No reimbursement will be made for mileage, gas, or repairs.

Personal Car:

- If you drive 35 miles or less one-way you will not be reimbursed by The Research Foundation of SUNY. Travel will be subject to your local district's reimbursement policy.
- If you drive 36 miles or more one-way you will be reimbursed by The Research Foundation of SUNY at the rate of .21 cents per mile.
- The Research Foundation of SUNY will not reimburse for normal operating costs such as gas, oil, maintenance, repairs or insurance.
- Mileage reimbursement is determined by the attached mileage chart.
- Reimbursement set forth on the **Mileage Reimbursement Chart**, which is provided in the Travel packet, is determined from the participants work location to the location of the training.

No reimbursement will be made for expenses without original receipts i.e., parking, taxi, bus/train fares, tolls (or copy of EZ Pass statement). Original passenger receipts from bus or train fares are required for reimbursement.

Original taxi receipts may include tips as long as they are not excessive.

If your agency purchased tickets for you, please submit your original receipts to them. Your agency must bill The Research Foundation of SUNY directly for the travel costs and submit the original receipts with their bill. The Research Foundation of SUNY will not reimburse the traveler when the agency purchased the tickets.

Schmidt, Maureen (DFA)

9/30
10/1, 2

Copy

From: Stars@bsc-cdhs.org
Sent: Thursday, June 05, 2014 10:02 AM
To: Schmidt, Maureen (DFA)
Subject: Child Support 101 -SDC Memo
Attachments: 655065_CS101TravelandAccomodationGuidelines2014Castleton.pdf

✓ cost and
- vehicle
✓ Bos Auth
- calendar

This email has been automatically sent to you. DO NOT respond. It is not monitored.

TRAINING CONFIRMATION

Dear Maureen Schmidt:

Staff Accepted

I am pleased to inform you that the following staff have been accepted to attend the training listed below:

Patricia Diamond, Natasha Dishong, Heidi Knickerbocker

Class Title

Child Support 101

| Training Location | Class Date | Start Time | End Time |
|--|------------|------------|----------|
| Child Support 101 | 09/30/2014 | 9:00am | 4:00pm |
| Comfort Inn & Suites - Castleton 99 Miller Road Castleton, NY 12033 Phone: (518) 479-3217 | 10/01/2014 | 9:00am | 4:00pm |
| | 10/02/2014 | 9:00am | 4:00pm |

Additional Information

Directions to Training Site Comfort Inn & Suites - Castleton

From New York City:
Take I-87 North to Exit 21A (Mass Turnpike/Boston) take to Exit B1, go thru toll booths and continue on I-90 West. Take Exit 10 off I-90 West. Turn left and Comfort Inn and Suites is immediately on right.

From Buffalo:
Take I-90 East toward Albany, New York. Take Exit 24 and follow I-90 East toward Boston for 12 miles. Take Exit 10 off I-90 East. Turn right and Comfort Inn and Suites is immediately on right.

Accommodation

Comfort Inn & Suites - Castleton
99 Miller Road, Castleton, NY
Phone: (518) 479-3217

For Additional Course Information Contact:

Laurie Lieman
SUNY Albany - PDP
1400 Washington Ave UAB FL 4
Albany, NY 12222-0000
Phone: (518) 320-3720
Email: llieman@albany.edu

0114
5A6

8/25 ✓

Vehicle ✓ Van
Cal —

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 Terra Cahill, Catherine Bearor and Jaqueline Bell, Caseworkers
 (Supervisory Committee) (Employee Name)

Add Sarah Monker Rowland
correct date

to attend Child Protective Services Response Training I

(Name of meeting or organization)

at CDHS Regional Office, 3 Marcus Blvd, Sute 105, Albany, NY 12205-1129

(Address)

on 8/25-29/2014 and 9/8-9/2014

(Dates)

Mode of transportation to be used

County Vehicle

(County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

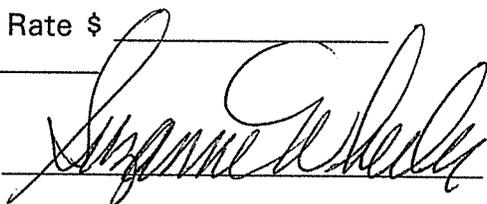
For Overnight Travel

Room rate \$ _____ GSA * Rate \$ _____

Meal costs - GSA *per diem rate \$ _____

* www.gsa.gov

Date: 4/24/14



Department Head Signature

Date: _____

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.

| <u>Cost Analysis</u> | | <u>Training</u> | | <u>Date(s)</u> | |
|----------------------------|------------------|------------------------------------|------------|-----------------------------------|------------------------|
| Terra Cahill | | Child Protective Services Response | | 8/25-8/29, 9/8-9/12 | |
| Catherine Bearor | | Training I | | | |
| Jacqueline Bell | | | | | |
| | | Cost of Training/Person | \$ | 140.00 | |
| | | # of staff attending | | <u>3</u> | |
| | | | \$ | 420.00 | |
| Overnight | Commuting | | | | |
| # of miles/1 way <u>50</u> | <u>50</u> | | | | |
| X # trips <u>4</u> | <u>20</u> | | | | |
| Total # of miles 200 | 1000 | X | | | |
| | | Fleet Car - .12 | | | |
| | | Overnight | \$ | 24.00 | |
| | | Commute | \$ | 120.00 | |
| Estimated Overtime | | | | | |
| Commuting | | | | | |
| | Salary | Hr Rate | OT Rate | # of hrs | Total OT |
| #1 | <u>36,603</u> | 17.60 | 26.40 | <u>12</u> | 316.76 |
| #2 | <u>36,093</u> | 17.35 | 26.03 | <u>12</u> | 312.34 |
| #3 | <u>36,603</u> | 17.60 | 26.40 | <u>12</u> | 316.76 |
| | | | | | Commuting OT \$ 945.86 |
| | | | | | Meals/Gas |
| Overnight | | | | | |
| | | | | # of hrs | Total OT |
| #1 | | | | <u> </u> | 0.00 |
| #2 | | | | <u> </u> | 0.00 |
| #3 | | | | <u> </u> | 0.00 |
| | | | | | Overnight OT \$ - |
| Hotel | | | Rate/night | | Total Hotel Expense |
| 8 nights | 3 | | \$ 52.00 | | \$ 1,248.00 |
| Totals | | | | | |
| | | | | Fleet Car + Training + Hotel + OT | \$ 1,692.00 |
| | | | | Fleet Car + Training + Overtime | \$ 1,365.86 ✖ |

Child Protective Services Response Training -I-1: Email Announcement To:

Maureen.Schmidt@dfa.state.ny.us

[Send Email](#)

Course: Child Protective Services Response Training

Class Status: Open Nomination

No. Nominated: 3

Attachments:

Provider: SUC Buffalo - CDHS

Date: 08/25/2014 - 08/29/2014

Time(s): Day 1: 1:00pm - 5:00pm , Day 1: 8:30am - 12:00pm ,

Location: CDHS - Albany Regional Office
3 Marcus Blvd, Suite 105 Albany, NY 12205-1129 [find on map](#)

Lodging: Holiday Inn - Albany 205 Wolf Road Albany 12205-1124

Deadline: 07/21/2014

*Cahill
Beaver
Bell
8/25*

Part 2 of 5 [show all parts](#)

| Class | Class Site | Lodging | Part | Date | Day 1 Time |
|---|-------------------------------|--|------|-------------------------|-----------------|
| TS: Child Protective Services Response Training -I | TrainingSpace.org | | 1 | 08/18/2014 - 09/12/2014 | 1:00pm - 5:00pm |
| Child Protective Services Response Training -I-1 | CDHS - Albany Regional Office | Holiday Inn - Albany 205 Wolf Road Albany 12205-1124 | 2 | 08/25/2014 - 08/29/2014 | 1:00pm - 5:00pm |
| TS: Child Protective Services Response Training -I-Mid-Week | TrainingSpace.org | | 3 | 09/01/2014 - 09/12/2014 | 1:00pm - 5:00pm |
| LL: CPSRT I CONNX Starting the Investigation in CONNECTIONS | LearnLinc Virtual Classroom | | 4 | 09/04/2014 - 09/04/2014 | 1:00pm - 5:00pm |
| Child Protective Services Response Training -I-2 | CDHS - Albany Regional Office | Holiday Inn - Albany 205 Wolf Road Albany 12205-1124 | 5 | 09/08/2014 - 09/12/2014 | 1:00pm - 5:00pm |

Course Description:

This two-module training program, which includes one and a half days of CONNECTIONS training, builds on the 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 CONNECTIONS. 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. In addition to these classroom modules, there is on-line training through TrainingSpace the week prior to the first classroom module, and in between the two classroom modules. Registration for this integrated training has been combined.

Class Description:

This program provides instruction on how to conduct Child Protective Services investigations concerning reports of alleged child abuse and maltreatment, according to New York State law, regulation and policy recommendations. The program is designed to build caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families, and to conduct thorough, timely and accurate investigations 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 pre-classroom computer-based instructional activities.

Beginning August 18, 2014, one week prior to Week 1 of classroom training, the trainee will engage in a series of pre-classroom computer-based instructional activities. Completion of these activities is a prerequisite to attending the classroom training. Pre-classroom instructional activities will include a pre-test, a survey of trainees' experience in the field of child welfare, and other computer-based components that will provide information on selected statutes from Social Services Law, information distinguishing law, regulation and policy, information regarding educational neglect, information regarding investigatory documentation requirements, information regarding the information contained within SCR reports, an overview of the Child Protective Services Program Manual and information from a research article pertaining to common errors in child welfare work. Completion of the pre-classroom components lays the foundation for further development in the classroom and is required prior to the trainee attending Week 1 of the classroom training.

The pre-classroom computer-based components consist of narrated presentations that the trainee may complete individually at their convenience during that week. Computer-based instructional components can be accessed through TrainingSpace (access instructions below). The amount of time trainees will need to complete all of the pre-classroom components is approximately 2 hours. There will also be mid-week computer-based training components that trainees will be required to complete in their home districts during the week between Week 1 of the classroom training and Week 2 of the classroom training. These components include a review of Progress Notes and completion of Safety Assessments pertaining to two case scenarios used during the classroom training, review of selected statutes from Article Ten of the Family Court Act, review of selected sections from the CPS Program Manual, information related to the issue of emotional trauma, and the half-day CONNECTIONS iLinc course LL: Starting the Investigation in CONNECTIONS. Completion of these mid-week computer-based components will enhance trainee understanding of Week 2 classroom content. The amount of time trainees will need to complete all of the mid-week computer-based components is approximately 3 hours.

Computer-based instructional activities can be accessed through TrainingSpace or iLinc. Please use the following instructions: 1. Go to www.trainingspace.org and login using your NYSDSS Login and you will see the course you are registered for listed in the "my training space" area on the left.

2. Note: Completion of the pre and mid-classroom activities is part of the training program and is required for the successful completion of this program. Full classroom attendance during the classroom portions of the training is a legal requirement for successful completion of this training program.

Additionally, CONNECTIONS training is required. Local districts and agencies will have the option of continuing to access this training as part of the CPS Response training classroom sequence or choosing to provide the training themselves within the district.

Region: 4

Target Population:

New Child Protective Services caseworkers.

Course Prerequisites:

CW/CPS Common Core and completion of on-line components.

Course Content: Child Protection

Pre-Registration Required: yes

Reimbursement: Mileage & Hotel

Class Fees: Fees will be charged

Meets CPS Requirement: yes

Additional Information:**Directions:**

From the South, East or West: Take the NYS Thruway to the Northway(I-87). Continue north to Exit 4. Turn right at the light and move into the middle lane. Turn left onto Marcus Blvd. just past Pizza Hut and proceed to the last building on the right. Park in front or on the side of the building. The office number is 105. (Marcus Boulevard is located between the Marriott Hotel and the Holiday Inn Turf) From the North: Take the Northway (I-87) to Exit 4. Turn left at the signal, then left again at the next signal onto Albany-Shaker Road, then right onto Wolf Road and move into the middle lane.

Turn left onto Marcus Boulevard just past Pizza Hut and proceed to the last building on the right. Park in front or on the side of the building. The office number is 105. (Marcus Boulevard is located between the Marriott Hotel and the Holiday Inn Turf)

For Additional Course Information Contact:

Phyllis Keiffer

Phone: (716) 796-2042

Email: PHYLLISK@BSC-CDHS.ORG

TS: Child Protective Services Response Training -I: Email Announcement To:

Maureen.Schmidt@dfa.state.ny.us

[Send Email](#)

Course: Child Protective Services Response Training
Class Status: Open Nomination
No. Nominated: 3
Attachments: [Hotel Cancellation Policy 2011.pdf](#) [Form.pdf](#) [TravelPolicy.pdf](#)
Provider: SUC Buffalo - CDHS
Date: 08/18/2014 - 09/12/2014
Time(s): 9:00am - 4:30pm
Location: TrainingSpace.org
 www.trainingspace.org Albany, NY 00000- [find on map](#)
Deadline: 07/21/2014

*Jackie
Tiana
Catherine*

Part 1 of 5 [show all parts](#)

| Class | Class Site | Lodging | Part | Date | Day 1 Time |
|---|-------------------------------|--|------|-------------------------|-----------------|
| TS: Child Protective Services Response Training -I | TrainingSpace.org | | 1 | 08/18/2014 - 09/12/2014 | 9:00am - 4:30pm |
| Child Protective Services Response Training -I-1 | CDHS - Albany Regional Office | Holiday Inn - Albany 205 Wolf Road Albany 12205-1124 | 2 | 08/25/2014 - 08/29/2014 | 9:00am - 4:30pm |
| TS: Child Protective Services Response Training -I-Mid-Week | TrainingSpace.org | | 3 | 09/01/2014 - 09/12/2014 | 9:00am - 4:30pm |
| LL: CPSRT I CONNX Starting the Investigation in CONNECTIONS | LearnLinc Virtual Classroom | | 4 | 09/04/2014 - 09/04/2014 | 9:00am - 4:30pm |
| Child Protective Services Response Training -I-2 | CDHS - Albany Regional Office | Holiday Inn - Albany 205 Wolf Road Albany 12205-1124 | 5 | 09/08/2014 - 09/12/2014 | 9:00am - 4:30pm |

Course Description:

This two-module training program, which includes one and a half days of CONNECTIONS training, builds on the 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 CONNECTIONS. 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. In addition to these classroom modules, there is on-line training through TrainingSpace the week prior to the first classroom module, and in between the two classroom modules. Registration for this integrated training has been combined.

Class Description:

This program provides instruction on how to conduct Child Protective Services investigations concerning reports of

alleged child abuse and maltreatment, according to New York State law, regulation and policy recommendations. The program is designed to build caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families, and to conduct thorough, timely and accurate investigations 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 pre-classroom computer-based instructional activities.

Beginning August 18, 2014, one week prior to Week 1 of classroom training, the trainee will engage in a series of pre-classroom computer-based instructional activities. Completion of these activities is a prerequisite to attending the classroom training. Pre-classroom instructional activities will include a pre-test, a survey of trainees' experience in the field of child welfare, and other computer-based components that will provide information on selected statutes from Social Services Law, information distinguishing law, regulation and policy, information regarding educational neglect, information regarding investigatory documentation requirements, information regarding the information contained within SCR reports, an overview of the Child Protective Services Program Manual and information from a research article pertaining to common errors in child welfare work. Completion of the pre-classroom components lays the foundation for further development in the classroom and is required prior to the trainee attending Week 1 of the classroom training.

The pre-classroom computer-based components consist of narrated presentations that the trainee may complete individually at their convenience during that week. Computer-based instructional components can be accessed through TrainingSpace (access instructions below). The amount of time trainees will need to complete all of the pre-classroom components is approximately 2 hours. There will also be mid-week computer-based training components that trainees will be required to complete in their home districts during the week between Week 1 of the classroom training and Week 2 of the classroom training. These components include a review of Progress Notes and completion of Safety Assessments pertaining to two case scenarios used during the classroom training, review of selected statutes from Article Ten of the Family Court Act, review of selected sections from the CPS Program Manual, information related to the issue of emotional trauma, and the half-day CONNECTIONS iLinc course LL: Starting the Investigation in CONNECTIONS. Completion of these mid-week computer-based components will enhance trainee understanding of Week 2 classroom content. The amount of time trainees will need to complete all of the mid-week computer-based components is approximately 3 hours.

Computer-based instructional activities can be accessed through TrainingSpace or iLinc. Please use the following instructions: 1. Go to www.trainingspace.org and login using your NYSDSS Login and you will see the course you are registered for listed in the "my training space" area on the left.

2. Note: Completion of the pre and mid-classroom activities is part of the training program and is required for the successful completion of this program. Full classroom attendance during the classroom portions of the training is a legal requirement for successful completion of this training program.

Additionally, CONNECTIONS training is required. Local districts and agencies will have the option of continuing to access this training as part of the CPS Response training classroom sequence or choosing to provide the training themselves within the district.

Region: 4

Target Population:

New Child Protective Services caseworkers.

Course Prerequisites:

CW/CPS Common Core and completion of on-line components.

Course Content: Child Protection

Pre-Registration Required: yes

Reimbursement: No Reimbursement

Class Fees: No Fees

Meets CPS Requirement: yes

Additional Information: There is no advanced meal money for this training.

Please note: Pre Classroom On-Line Computer based components will be available on-line beginning on August 18, 2014 and will be accessible until the completion of the training. Mid Classroom On-Line Computer based components will be available on-line beginning on Sept. 1, 2014 and will be accessible until the completion of the training.

Classroom Training Times are as follows:

Week One: Monday - 1:00PM - 5:00PM; Tuesday - Thursday - 8:30AM - 5:00PM; Friday - 8:30AM - 12:00PM.

Week Two: Monday - 12:00PM - 5:00PM; Tuesday - 8:30AM - 5:00PM; Wednesday - 9:00AM - 4:00PM; Thursday - 8:30 AM- 5:00PM; Friday - 8:30AM - 12:00PM.

Connections training will be delivered as 1 half day of iLinc either the AM or PM and 1 full day of classroom iLinc: Thurs. 9/4: 9AM-12PM or 1-4 PM Trainees will be assigned to either the am or pm session. Session assignments will be emailed by PDP to the trainee no later than the Fri. before the week of the course. Classroom: Wed. 9/10: 9AM - 4PM.

Directions:

Web-based training. See <http://www.trainingspace.org/help> for technical support.

For Additional Course Information Contact:

Phyllis Keiffer

Phone: (716) 796-2042

Email: PHYLLISK@BSC-CDHS.ORG

Collins, Joanne (DFA)

From: Schmidt, Maureen (DFA)
Sent: Wednesday, April 23, 2014 4:05 PM
To: Collins, Joanne (DFA); Pearl, Julianna (DFA)
Subject: FW: PSA New Worker Institute - Upstate: Assessment and Interviewing -SDC Memo

FYI

From: Stars@bsc-cdhs.org [<mailto:Stars@bsc-cdhs.org>]
Sent: Wednesday, April 23, 2014 4:04 PM
To: Schmidt, Maureen (DFA)
Subject: PSA New Worker Institute - Upstate: Assessment and Interviewing -SDC Memo

This email has been automatically sent to you. DO NOT respond. It is not monitored.

TRAINING CONFIRMATION

Dear Maureen Schmidt:

Staff Accepted

I am pleased to inform you that the following staff have been accepted to attend the training listed below:

Catherine Bearor, Terra Cahill

Class Title

PSA New Worker Institute - Upstate: Assessment and Interviewing

| Training Location | Class Date | Start Time | End Time |
|--|--------------------------|------------------|------------------|
| Comfort Inn & Suites - Albany Airport 16 Wolf Road Albany, NY Phone: (518) 459-3600 | 05/05/2014 05/06/2014 | 9:00am 9:00am | 4:00pm 4:00pm |
| Comfort Inn & Suites - Albany Airport 16 Wolf Road Albany, NY Phone: (518) 459-3600 | 05/07/2014 05/08/2014 | 9:00am 9:00am | 4:00pm 4:00pm |
| Comfort Inn & Suites - Albany Airport 16 Wolf Road Albany, NY Phone: (518) 459-3600 | 05/19/2014 | 9:00am | 4:00pm |
| Comfort Inn & Suites - Albany Airport 16 Wolf Road Albany, NY Phone: (518) 459-3600 | 05/20/2014 | 9:00am | 4:00pm |
| Comfort Inn & Suites - Albany Airport 16 Wolf Road Albany, NY Phone: (518) 459-3600 | 05/21/2014 05/22/2014 | 9:00am 9:00am | 4:00pm 4:00pm |

Additional Information

Directions to Training Site Comfort Inn & Suites - Albany Airport

Take Adirondack Northway 87, take exit 2E/Wolf Road, take Left on first light, Wolf Road. Go 1/8 mile, and hotel will be directly across from the Colonie Mall Center on the left. We are located next to IHOP and Emperial Palace.

Accommodation

Comfort Inn & Suites - Albany Airport
16 Wolf Road, Albany, NY
Phone: (518) 459-3600

For Additional Course Information Contact:

Ashley Faustin
Brookdale Center for Healthy Aging
2180 3rd Avenue, 8th Floor
New York, NY 10035
Phone: 212-396-7833
Email: afaustin@hunter.cuny.edu

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

I _____ hereby _____ authorize
to attend _____

(Name of meeting or organization)

at _____
(Address)

on _____
(Dates)

Mode of transportation to be used _____
(County Vehicle or Mass Transportation)

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

*faxed stally
gc*

Dated _____ Chairman _____

Filed _____ Administrator _____

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

REQUEST FOR USE OF FLEET VEHICLE FOR IN-STATE TRAVEL AUTHORIZED BY DEPARTMENT HEAD

I have authorized Terra Cahill, Catherine Bearor, Jacquie Bell
to attend _____

CPS Response Training
CDHS
(Name of meeting or organization)

at Aug 2 3 Marcus Blvd Albany
(Address)

on Aug 25-29 and Sept 8-9, 2014
(Dates)

I request use of a fleet vehicle.

Stally

Date: 5/21/14 _____

Department Head

Send Result Report



MFP

FS-3640MFP

Firmware Version 2MD_2F00.007.005 2013.04.19

07/22/2014 13:32
[2MC_1000.004.002] [2J0_1100.001.001] [2MC_7000.006.010]

Job No.: 012732

Total Time: 0°00'11"

Page: 001

Complete

Document: doc20140722133211

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

I hereby authorize
to attend

(Name of meeting or organization)

at _____
(Address)

on _____
(Dates)

Mode of transportation to be used _____
(County Vehicle or Mass Transportation)

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

| No. | Date and Time | Destination | Times | Type | Result | Resolution/ECM |
|-----|----------------|-------------|----------|------|--------|-------------------|
| 001 | 07/22/14 13:32 | 6588 | 0°00'11" | FAX | OK | 200x100 Normal/On |

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

I _____ hereby _____ authorize
to attend _____

(Name of meeting or organization)

at _____
(Address)

on _____
(Dates)

Mode of transportation to be used _____
(County Vehicle or Mass Transportation)

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

Dated _____

Filed _____

Sent 5/21
de Chairman
de Administrator
de talked to

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

REQUEST FOR USE OF FLEET VEHICLE FOR IN-STATE TRAVEL AUTHORIZED BY DEPARTMENT HEAD

I have authorized Catherine Bearor, Jacqui Bell, Terra Cahill, Sarah Montero, Dominique Rowkra
to attend _____

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

at CDHS 3 Marcus Blvd Albany NY
(Address)

on 8/25-29 & 9/8-12 2014
(Dates)

I request use of a fleet vehicle.

J Collins
7/22/14

Van please →

Date: _____

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 Terra Cahill, Catherine Bearor, Jacqueline Bell, Sarah Montero and Dominique Rowland
(Supervisory Committee) (Employee Name)

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

at CDHS 3 Marcus Blvd Suite 105 Albany NY 12205
(Address)

on August 25-29, 2014 and September 8-12, 2014. Mode of transportation to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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: 7/25/14

Maureen Schmidt

Department Head Signature

Date: 7/25/14

Mal Woster

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.

de ✓ JC

Collins, Joanne (DFA)

From: Schmidt, Maureen (DFA)
Sent: Tuesday, July 22, 2014 1:11 PM
To: Collins, Joanne (DFA)
Subject: FW: Child Protective Services Response Training -I -SDC Memo
Attachments: 645309_Hotel Cancellation Policy 2011.pdf; 645309_TravelPolicy.ppt

I will need a van for these people to go to training. Please request one. Only the Albany dates, not the dates for Training space ones.

From: Stars@bsc-cdhs.org [mailto:Stars@bsc-cdhs.org]
Sent: Tuesday, July 22, 2014 1:02 PM
To: Schmidt, Maureen (DFA)
Subject: TS: Child Protective Services Response Training -I -SDC Memo

This email has been automatically sent to you. DO NOT respond. It is not monitored.

TRAINING CONFIRMATION

Dear Maureen Schmidt:

Staff Accepted

I am pleased to inform you that the following staff have been accepted to attend the training listed below:

Catherine Bearor, Jacqueline Bell, Terra Cahill, Sarah Montero, Dominique Rowland

Class Title

TS: Child Protective Services Response Training -I

| Training Location | Class Date | Start Time | End Time |
|--|--|--|---|
| TS: Child Protective Services Response Training -I TrainingSpace.org www.trainingspace.org Phone: (000) 000-0000 | 08/18/2014 - 09/12/2014 | | |
| Child Protective Services Response Training -I-1 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton Albany, NY 12205-1129 Phone: (518) 435-1825 | 08/25/2014 08/26/2014 08/27/2014 08/28/2014 08/29/2014 | 1:00pm 8:30am 8:30am 8:30am 8:30am | 5:00pm 5:00pm 5:00pm 5:00pm 12:00pm |
| TS: Child Protective Services Response Training -I-Mid-Week TrainingSpace.org www.trainingspace.org Phone: (000) 000-0000 | 09/01/2014 - 09/12/2014 | | |
| Virtual Classroom - iLinc | 09/04/2014 | 9:00am | 4:00pm |
| Child Protective Services Response Training -I-2 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton | 09/08/2014 09/09/2014 09/10/2014 09/11/2014 | 12:00pm 8:30am 8:30am 8:30am | 5:00pm 5:00pm 5:00pm 5:00pm |

9/12

*

*



IMPORTANT INFORMATION

Hotel Cancellation/Change Policy:

- All changes or cancellations to hotel reservations should be made to **CDHS Registration Services** by phone @ (716) 876-7600 ext 500 or email @ RegistrationServices@bsc-cdhs.org
- This includes but is not limited to: Arrival date changes, Room Type Changes, Cancellations.
- It is the participant's responsibility to notify Registration Services of changes or cancellations. Participants who fail to notify Registration Services will be responsible for any charges incurred.
- Participants arriving after 4:00 pm should contact the hotel directly to guarantee their sleeping room for late arrival. You may be asked for a personal credit card to accomplish this.
WARNING: A no-show charge will be incurred and the remainder of the reservation will be cancelled if the participant does not check in on their designated arrival date.
- Please make every attempt to make cancellation/change requests to Registration Services by 4:00 pm, 1 or more working days prior to your training event.

Smoking/Nonsmoking Room Accommodation Policy:

- All double room accommodations are nonsmoking. Participants can request a single smoking room, where available*, and CDHS will pay the hotel directly for half the cost of the double room rate. The participant will be responsible for the remaining balance.

*Most hotels are now smoke-free facilities. Hotels charge a substantial room cleaning fee if they determine that smoking has occurred in a nonsmoking room. The hotel will directly charge the trainee(s) registered for that room, as CDHS is not responsible for this additional fee.

Individuals Requesting Single Room Accommodations:

- CDHS will pay the hotel directly for half the cost of the double room rate. The participant will be responsible for the remaining balance.
- Payment from your agency must be presented at check-in or your portion of the room charges will be billed to your credit card. Check with the hotel in advance for acceptable forms of payment.
- A tax exempt certificate from your agency must be presented at check-in.
- CDHS does not reimburse for room taxes.

Mileage Reimbursement Policy:

- The trainee mileage reimbursement rate is \$.21 per mile and is limited to the roundtrip distance from the worksite to the training site. Include all tolls.
- Mileage reimbursement is for personal car use only. If you drove a county/agency vehicle or declined use of such vehicle, you are not eligible for mileage reimbursement.
- Carpooling is required; 3 to a car from the same worksite. Check with your Staff Development Coordinator for instructions.



Travel and Accommodation Policy

| | |
|-------------------------------------|---|
| | <p>The items indicated below apply to this training event:</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 one hour 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 if available. Please note: Some hotels are smoke-free facilities. A hotel will 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 \$104.00. The single room rate is \$104.00. 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> <p>Important Notes:</p> <ul style="list-style-type: none"> • If you selected Double as the room type during registration and there is no roommate listed on your Confirmation Memo, your roommate will be assigned later. • If a trainee requests a Single room, CDHS will pay the hotel one half of the cost of the double room rate; the trainee will be responsible for paying the rest of the hotel bill. • If you selected Single as the room type during registration because you are the only trainee (or only trainee of your gender) from your agency, CDHS will pay the hotel one half of the cost of the double room rate, and the trainee will be responsible for paying the remainder of the hotel bill upon check-out. • If you change your room type to Double to avoid payment, your roommate will be assigned later. • The participant is responsible for payment of all incidental charges to their room, i.e.: phone, room service, movies, etc. You should be prepared with a credit card or other acceptable form of payment at check-in time. (note: use of a debit card for this purpose may freeze your available funds) |
| <input checked="" type="checkbox"/> | <p>CDHS will reimburse trainees for breakfast and dinner up to trainees' per diem rate, if they are staying at a hotel that does not provide meals. Lunch is not 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> |

FROM Maureen 7/22 5 staff 8/25 ->

Vehicle 0
Calendar

Collins, Joanne (DFA)

From: Schmidt, Maureen (DFA)
Sent: Tuesday, July 22, 2014 1:11 PM
To: Collins, Joanne (DFA)
Subject: FW: Child Protective Services Response Training -I -SDC Memo
Attachments: 645309_Hotel Cancellation Policy 2011.pdf; 645309_TravelPolicy.pdf

Cost analysis
BOS Auth

I will need a van for these people to go to training. Please request one. Only the Albany dates, not the dates for Training space ones.

From: Stars@bsc-cdhs.org [mailto:Stars@bsc-cdhs.org]
Sent: Tuesday, July 22, 2014 1:02 PM
To: Schmidt, Maureen (DFA)
Subject: TS: Child Protective Services Response Training -I -SDC Memo

This email has been automatically sent to you. DO NOT respond. It is not monitored.

TRAINING CONFIRMATION

Dear Maureen Schmidt:

Staff Accepted

I am pleased to inform you that the following staff have been accepted to attend the training listed below:

Catherine Bearor, Jacqueline Bell, Terra Cahill, Sarah Montero, Dominique Rowland

Class Title

TS: Child Protective Services Response Training -I

| Training Location | Class Date | Start Time | End Time |
|--|----------------------------|------------|----------|
| TS: Child Protective Services Response Training -I TrainingSpace.org www.trainingspace.org Phone: (000) 000-0000 | 08/18/2014 - 09/12/2014 | | |
| Child Protective Services Response Training -I-1 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton Albany, NY 12205-1129 Phone: (518) 435-1825 | 08/25/2014 | 1:00pm | 5:00pm |
| | 08/26/2014 | 8:30am | 5:00pm |
| | 08/27/2014 | 8:30am | 5:00pm |
| | 08/28/2014 | 8:30am | 5:00pm |
| | 08/29/2014 | 8:30am | 12:00pm |
| TS: Child Protective Services Response Training -I-Mid-Week TrainingSpace.org www.trainingspace.org Phone: (000) 000-0000 | 09/01/2014 - 09/12/2014 | | |
| Virtual Classroom - iLinc | 09/04/2014 | 9:00am | 4:00pm |
| Child Protective Services Response Training -I-2 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton | 09/08/2014 | 12:00pm | 5:00pm |
| | 09/09/2014 | 8:30am | 5:00pm |
| | 09/10/2014 | 8:30am | 5:00pm |
| | 09/11/2014 | 8:30am | 5:00pm |
| | 9/12 | | |

*

*



Please arrive 15 minutes before the start of the training to complete the necessary registration information.

Additional Information

There is no advanced meal money for this training.

Please note: Pre Classroom On-Line Computer based components will be available on-line beginning on August 18, 2014 and will be accessible until the completion of the training. Mid Classroom On-Line Computer based components will be available on-line beginning on Sept. 1, 2014 and will be accessible until the completion of the training.

Classroom Training Times are as follows:

Week One: Monday - 1:00PM - 5:00PM; Tuesday - Thursday - 8:30AM - 5:00PM; Friday - 8:30AM - 12:00PM.

Week Two: Monday - 12:00PM - 5:00PM; Tuesday - 8:30AM - 5:00PM; Wednesday - 9:00AM - 4:00PM; Thursday - 8:30 AM- 5:00PM; Friday - 8:30AM - 12:00PM.

Connections training will be delivered as 1 half day of iLinc either the AM or PM and 1 full day of classroom iLinc: Thurs. 9/4: 9AM-12PM or 1-4 PM Trainees will be assigned to either the am or pm session. Session assignments will be emailed by PDP to the trainee no later than the Fri. before the week of the course. Classroom: Wed. 9/10: 9AM - 4PM.

Directions to Training Site TrainingSpace.org

Web-based training. See <http://www.trainingspace.org/help> for technical support.

Directions to Training Site CDHS - Albany Regional Office

From the South, East or West: Take the NYS Thruway to the Northway(I-87). Continue north to Exit 4. Turn right at the light and move into the middle lane. Turn left onto Marcus Blvd. just past Pizza Hut and proceed to the last building on the right. Park in front or on the side of the building. The office number is 105. (Marcus Boulevard is located between the Marriott Hotel and the Holiday Inn Turf) From the North: Take the Northway (I-87) to Exit 4. Turn left at the signal, then left again at the next signal onto Albany-Shaker Road, then right onto Wolf Road and move into the middle lane. Turn left onto Marcus Boulevard just past Pizza Hut and proceed to the last building on the right. Park in front or on the side of the building. The office number is 105. (Marcus Boulevard is located between the Marriott Hotel and the Holiday Inn Turf)

Directions to Training Site LearnLinc Virtual Classroom

This course uses virtual classroom software, called iLinc, to train staff. Trainees can take this course from their workstation or a general access workstation at their work site. Please work with your Training Coordinator or Staff Development Coordinator to ensure you have the proper network connections. LearnLinc uses the Internet or NYS HSEN network to deliver live, instructor-led training.

For technical support, please call 1-800-810-1349

Accommodation

Holiday Inn - Albany
205 Wolf Road, Albany, NY
Phone: (518) 458-7264

For Additional Course Information Contact:

Phyllis Keiffer
SUC Buffalo - CDHS
Buffalo State College-1695 Elmwood Ave
Buffalo, NY 14207-0000
Phone: (716) 796-2042
Email: KEIFFEPD@buffalostate.edu

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 6/25/14

- (a) Purpose of Contract Change: **AMEND TOTAL AMOUNT OF CONTRACT from \$50,875, to \$55,335, which reflects an increase of \$4,460 regarding the local share.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **Resolution No. 131 2014**
- (c) Name of Contractor: **COUNCIL FOR PREVENTION OF ALCOHOL & SUBSTANCE ABUSE, INC.**
- (d) Address of Contractor: **10 LACROSS ST, HUDSON FALLS, NY12839**
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **1/1/14**
- (g) Termination Date of Extension: **12/31/14**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$55,335**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS

From: David Saffer [mailto:DavidSaffer@councilforprevention.org]
Sent: Tuesday, June 24, 2014 12:23 PM
To: dusekp@warrencountyny.gov
Cc: Wheeler, Suzanne (DFA)
Subject: Youth Court...revised

Good Morning...this is the latest breakdown of the Youth Court Budget for 2014.

The expense budget as presented is \$74,000

| | | | |
|---------------------|------------------------|----------|------------------------------|
| Income to date..... | Warren County..... | \$50,875 | |
| | Warrensburg..... | 1,000 | |
| | Queensbury..... | 3,500 | reduced from \$6,000 in 2013 |
| | Lake George..... | 2,500 | |
| | State Bar Assoc..... | 500 | |
| | Warren County Bar... | 2,165 | |
| | Victims Impact Panel.. | 2,000 | |

TOTAL..... 62,540

| | | | |
|---------------------------|------------------|-------|---|
| Expected | Thurman | 500 | |
| | Glens Falls | 6,000 | Glens Falls promised \$6,000 in 2013 but it never came, therefore a |
| 2013 shortfall of \$2,700 | | | |
| | Anticipated Fund | 500 | |

Anticipated shortfall \$4,460

Thanks for your support and help. If you need further information please contact me.

David Saffer, LCSW
Executive Director
Council for Prevention
10 LaCrosse Street
Hudson Falls, NY 12839
(518) 746-1527

Warren County Board of Supervisors

RESOLUTION NO. 131 OF 2014

Resolution introduced by Supervisors Westcott, Wood, Sokol, Frasier, Strough, Vanselow and Simpson

AUTHORIZING EXTENSION AND AMENDMENT AGREEMENT WITH COUNCIL FOR PREVENTION OF ALCOHOL AND SUBSTANCE ABUSE, INC. FOR THE YOUTH COURT PROGRAM

RESOLVED, that Warren County continue and amend the previous agreement authorized by Resolution Nos. 217 of 2012, 366 of 2012, and 184 of 2013, with the Council for Prevention of Alcohol and Substance Abuse, Inc.; 10 LaCrosse St., Hudson Falls, New York 12839, to provide a Youth Court Program, for a total amount of Fifty Thousand Eight Hundred Seventy-Five Dollars (\$50,875) for a term commencing January 1, 2014 and terminating December 31, 2014, and in a form approved by the County Attorney, to be paid from Budget Code A.7313 470 Youth Court, Contract.

SOCIAL SERVICES COMMITTEE AGENDA
Countryside Adult Home [July 2014]

Action Agenda

- 1) **Request:** Permission to pay Jack Hall Plumbing & Heating Inc., \$1,676.71, for repairs to the main water supply line in the building.

Rationale: The current supply line was corroded and in need of immediate repair.

County personnel did not feel comfortable performing such, so the facility had three companies give quotes and time frames for the necessary repairs. Of these three companies, only two supplied written quotes, and the 3rd company was called multiple times to obtain the written quote. Jack Hall Plumbing was the lowest bidder. Due to the fact that the Meal Site is located at Countryside, the repairs needed to be coordinated with them as well.

Old Business/Pending Items

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 7/25/2014

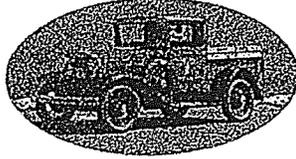
- (a) Purpose of Request:
PERMISSION TO PAY JACK HALL PLUMBING & HEATING, INC. IN THE AMOUNT OF \$1,676.21 FOR EMERGENCY REPAIRS TO THE MAIN WATER SUPPLY AT COUNTRYSIDE ADULT HOME. WE HAVE FUNDS AVAILABLE IN ACCOUNT A.6030.413 REPAIR & MAINTENANCE BUILDING.
- (b) Details:
DUE TO THE COMPLEXITY OF THE JOB, IT WAS RECOMMENDED THAT AN OUTSIDE PROVIDER BE CONTACTED. SEVERAL COMPANIES WERE CALLED, INCLUDING THOSE ON BID. THREE COMPANIES CAME TO THE BUILDING & WE RECEIVED ONLY TWO WRITTEN QOUTES. DUE TO THE NEED TO SHUT OFF THE WATER FOR SEVERAL HOURS, SCHEDULING NEEDED TO BE COORDINATED WITH THE MEAL SITE.
- (c) Previous Resolution Number:
N/A
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
~~A.6030.413 COUNTRYSIDE ADULT HOME - REPAIR AND MAINTENANCE TO THE BUILDING~~

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

PROPOSAL

JACK HALL



PLUMBING & HEATING, INC.
"Another Generation of Quality & Trust"

165 Bay Street, Glens Falls, New York 12801
 Web Site: www.jackhallplumbing.com

Phone (518) 792-7114 Fax (518) 792-1889
 e-mail: info@jackhallplumbing.com

| | | | |
|-----------------|------------------------|------------------|------------------------|
| Date: | 5-09-14 | Job Site: | Countryside Adult Home |
| Name: | Countryside Adult Home | Contact: | Jason Rush |
| Address: | 353 Schroon river Rd | Phone: | 1-518-623-3451 |
| | Warrensburg | Email: | Jrush4488@yahoo.com |

We propose the following scope of work - Labor and materials to:

- Repair and remove all the black iron fittings on water service.
 - Install new copper, connecting the water service to the existing sprinkler gate valve and domestic water service. Feeding the Adult Home.
- This price is a daytime rate; Water will be shut down for 2 hours for installation of new fabbed piece to be installed.

Total Price: \$1,676.71

Payment Terms are as follows: 50% upon acceptance; balance upon completion

Material is guaranteed as specified. We cannot warranty any existing systems or components for performance, proper operation or service life. We have not included any requirements for paying NYS prevailing wage rates, utilizing union labor or MBE/WBE participation unless noted otherwise. All work to be completed in a workmanlike manner according to standard practice. Any alteration or deviation from scope of work involving extra costs will be executed only upon written change orders, and will become an extra charge over and above lump sum price. All agreements contingent upon strikes, delays or accidents beyond our control. Owner to carry his-own necessary insurance(s). Proposal valid for 15 days.

Acceptance of Proposal: The above pricing, scope of work and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. I/We understand and agree that payments for the Work will be made in accordance with the payment terms set forth in this proposal. If any payments are not made timely, the Company will add 2% per month to any payment balances owed, and in the event of non-payment for the Work or default, I/We agree to pay the Company's reasonable collection charges, costs and attorneys fees.

Name:

Signature:

Craig VanWie / General Manager

Date:

Northern Mechanical Services

30 Progress Blvd. Queensbury N.Y. 12804
(518) 745-1537

Page 1

PROPOSAL

NAME/LOCATION:

Countryside Adult Home
353 Schroon River Road
Warrensburg N.Y.
Attention: Jason Rush

June 6.2014

We propose hereby to furnish material and labor - complete in accordance with the specifications below.
As Listed

Payment to be made as follows:

Payment Due Net from Invoice 50% down
50% at completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications below involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature Dana Brambley

Note: This proposal may be withdrawn by us if not accepted within 30 days.

We hereby submit specifications and estimates for:

The total cost to furnish and material and labor to make piping repair.

Isolate building supply water and sprinkler system

Drain as needed for installation

~~Repair screwed piping and replace with welded assemble to existing gate valve~~

Recharge system and purge air by sprinkler contractor (not included)

Total: 5,500.00(Budget)

Note: Project was priced using prevailing rate.

Countryside adult home personnel to ready building for repairs and commissioning which

Includes any fire watch during sprinkler system inoperability

Sprinkler contractor to certify

Excludes:

NYS sales tax

- Septic Tanks Cleaned & Installed
- Excavating Service
- Portable Toilet Service

- Drains Cleaned
- Plumbing Service
- Heating Service

Full
Plumbing
Service

I.B.S. Septic & Drain, Inc.
DBA Condon's Septic Service

2 Lower Warren Street
Queensbury, NY 12804

Ivan Bell
Pager: 969-0021

Phone: 518-798-8194
Fax: 518-798-3213

Northman
Construction
#260-1978
George Ludwig

Jason 6.26.14

Ivan Bell

IBS Septic

361.0945

called again on watermain quote

7/2/14, left message -

7/7/14 - No answer

- called office left message

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

| | | |
|---|---|--|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) Jack Hall Plumbing and Heating, Inc. | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ |
| | Address (number, street, and apt. or suite no.) 165 Bay Street City, state, and ZIP code Glens Falls, New York 12801 | Requester's name and address (optional) |
| List account number(s) here (optional) | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|
| Part I Taxpayer Identification Number (TIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table> | Social security number | | | | | | | | | | | | | | | | | | Employer identification number | | | | | | | | | 1 | 4 | - | 1 | 7 | 2 | 4 | 9 | 7 | 5 |
| Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 4 | - | 1 | 7 | 2 | 4 | 9 | 7 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| Part II Certification | |
| Under penalties of perjury, I certify that: | |
| <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3. | |

| | | |
|------------------|----------------------------|-----------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ <u>7/10/14</u> |
|------------------|----------------------------|-----------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/18/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|---|--|
| PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 677 Broadway 4th Floor Albany NY 12207 | CONTACT NAME: Kate Leto PHONE (A/C No.): 518-869-3535 FAX (A/C No.): 518-869-3580 E-MAIL ADDRESS: Kate_letto@ajg.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Jack Hall Plumbing & Heating, Inc. 165 Bay St Glens Falls NY 12801-2302 | INSURER A: Cincinnati Insurance Company NAIC # 10677 | |
| | INSURER D: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER: 1301080447** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL ADDR INSR WVR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | ENP0183591 | 3/13/2014 | 3/13/2015 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTALS \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Included |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | EBA0183807 | 3/13/2014 | 3/13/2015 | COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000 | | ENP0183591 | 3/13/2014 | 3/13/2015 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | * Equipment Floater | | ENP0183591 | 3/13/2014 | 3/13/2015 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured Granted Per Form GA 233 NY 02 07
 Warren County is named as additional insured.
 RE: Countryside Adult Home

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|---|
| Warren County 1340 Municipal Center Annex Lake George NY 12845 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|---|



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

189 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 907-9883

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 141724975
KEEVILY, SPERO-WHITELAW INC.
500 MAMARONECK AVENUE
HARRISON NY 10528

| | | | |
|---|-------------------------------------|---|--------------------------|
| POLICYHOLDER JACK HALL PLUMBING HEATING INC 185 BAY ST GLENS FALLS NY 12801 | | CERTIFICATE HOLDER WARREN COUNTY 1340 MUNICIPAL CENTER ANNEX LAKE GEORGE NY 12845 | |
| POLICY NUMBER G 2054 397-1 | CERTIFICATE NUMBER 278570 | PERIOD COVERED BY THIS CERTIFICATE 05/01/2014 TO 05/01/2015 | DATE 7/18/2014 |

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2054 397-1 UNTIL 05/01/2015, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

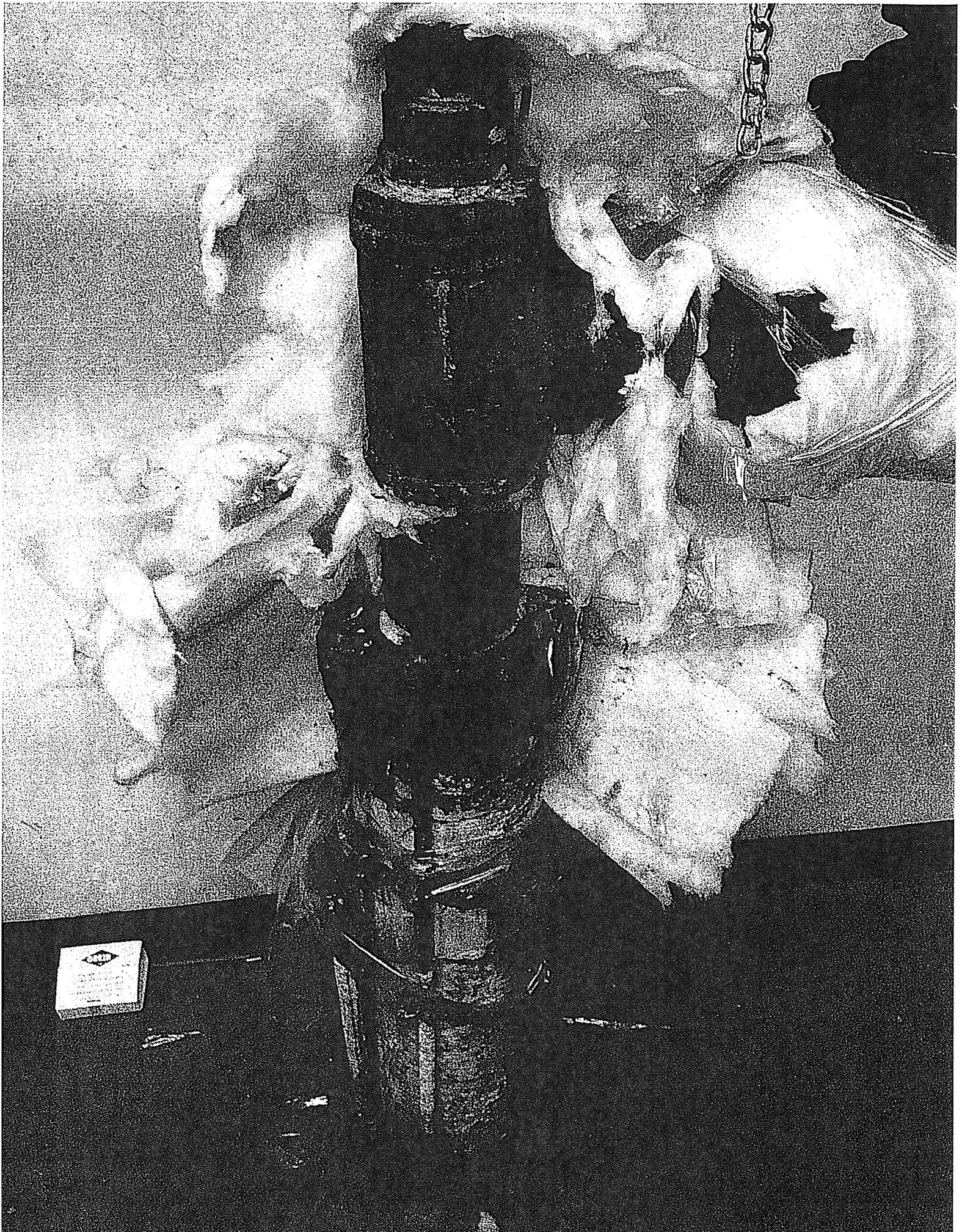
IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 05/01/2015 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 681037724



BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR JUNE 2014

FUND(S): A

CODE(S): 6010, 6030, 6050, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

| EXPENSES | 2014 BUDGETED | JUNE 2014 EXP | JUNE 2013 EXP | 2014 YTD ACTUAL | 2013 Prior Year Totals |
|--------------------------------------|------------------------|-----------------------|-----------------------|------------------------|------------------------|
| 110 Salaries - Regular | \$5,473,521.00 | \$603,337.27 | \$605,973.22 | \$2,598,388.65 | \$5,255,253 |
| 120 Salaries - Overtime | \$85,222.00 | \$7,952.40 | \$7,356.75 | \$40,427.47 | \$87,194 |
| 130 Salaries - Part Time | \$186,931.00 | \$18,244.77 | \$20,585.16 | \$106,814.18 | \$230,976 |
| 100's PERSONAL SERVICES Total | \$5,745,674.00 | \$629,534.44 | \$633,915.13 | \$2,745,630.30 | \$5,573,424 |
| 200's EQUIPMENT | \$11,000.00 | \$329.28 | \$0.00 | \$8,038.80 | \$14,866 |
| 400's CONTRACTUAL | \$24,107,595.00 | \$2,270,680.78 | \$1,924,280.48 | \$10,455,657.66 | \$22,341,241 |
| 800's EMPLOYEE BENEFITS | \$3,855,967.00 | \$247,479.94 | \$342,923.08 | \$1,824,000.88 | \$3,618,544 |
| TOTALS | \$33,720,236.00 | \$3,148,024.44 | \$2,901,118.69 | \$15,033,327.64 | \$31,548,077 |

| REVENUES | 2014 BUDGETED | JUNE 2014 REVENUE | JUNE 2013 REVENUE | 2014 YTD ACTUAL | 2013 Prior Year Totals |
|----------|-----------------|-------------------|-------------------|-----------------|------------------------|
| | \$16,501,016.00 | \$3,413,023.95 | \$999,418.84 | \$5,698,431.84 | \$15,605,241 |

Revenue Budget Performance Report

Fiscal Year to Date 06/30/14

Include Rollup Account and Rollup to Account

| Account | Account Description | Adopted Budget | Budget Amendments | Arranged Budget | Current Month Transactions | YTD Encumbrances | YTD Transactions | Budget - YTD Transactions | % used/ Rec'd | Prior Year Total |
|---|---|----------------|-------------------|-----------------|----------------------------|------------------|------------------|---------------------------|---------------|------------------|
| Fund A - General | | | | | | | | | | |
| Department 6010 - Social Services | | | | | | | | | | |
| REVENUE | | | | | | | | | | |
| <i>Departmental Income</i> | | | | | | | | | | |
| 1810 | Administration | 40,000.00 | .00 | 40,000.00 | 2,285.94 | .00 | 10,150.67 | 29,849.33 | 25 | 43,145.19 |
| 1811 | Medical Incentive Earning | 80,000.00 | .00 | 80,000.00 | 4,856.60 | .00 | 22,859.58 | 57,140.42 | 29 | 98,453.42 |
| | <i>State Aid</i> | \$120,000.00 | \$0.00 | \$120,000.00 | \$7,142.54 | \$0.00 | \$33,010.25 | \$86,989.75 | 28% | \$141,598.61 |
| <i>Departmental Income Totals</i> | | | | | | | | | | |
| | | 1,893,580.00 | .00 | 1,893,580.00 | 443,351.50 | .00 | 626,661.50 | 1,266,918.50 | 33 | 2,046,126.15 |
| 3610 | Social Services Admin | 20,000.00 | .00 | 20,000.00 | .00 | .00 | .00 | 20,000.00 | 0 | .00 |
| 3619 | Child Care | \$1,913,580.00 | \$0.00 | \$1,913,580.00 | \$443,351.50 | \$0.00 | \$626,661.50 | \$1,286,918.50 | 33% | \$2,046,126.15 |
| <i>Federal Aid</i> | | | | | | | | | | |
| 4610 | Social Services Admin | 4,108,131.00 | .00 | 4,108,131.00 | 1,259,525.00 | .00 | 1,814,701.00 | 2,293,430.00 | 44 | 3,400,532.19 |
| 4615 | Flexible Fund for Family Service | 1,383,000.00 | .00 | 1,383,000.00 | .00 | .00 | 228,121.00 | 1,154,879.00 | 16 | 1,889,896.00 |
| 4661 | Soc. Serv - Title IV-B Funds | .00 | .00 | .00 | .00 | .00 | .00 | .00 | +++ | 37,843.00 |
| | <i>Federal Aid Totals</i> | \$5,491,131.00 | \$0.00 | \$5,491,131.00 | \$1,259,525.00 | \$0.00 | \$2,042,822.00 | \$3,448,309.00 | 37% | \$5,328,271.19 |
| <i>State of Property and Compensation for Loss</i> | | | | | | | | | | |
| 2680 | Insurance Recoveries | .00 | .00 | .00 | .00 | .00 | .00 | .00 | +++ | 9,146.35 |
| | <i>State of Property and Compensation for Loss Totals</i> | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | +++ | \$9,146.35 |
| REVENUE TOTALS | | | | | | | | | | |
| | | \$7,524,711.00 | \$0.00 | \$7,524,711.00 | \$1,710,019.04 | \$0.00 | \$2,702,493.75 | \$4,822,217.25 | 36% | \$7,525,142.30 |
| <i>Department 6030 - Countywide Adult Home</i> | | | | | | | | | | |
| | | \$7,524,711.00 | \$0.00 | \$7,524,711.00 | \$1,710,019.04 | \$0.00 | \$2,702,493.75 | \$4,822,217.25 | 36% | \$7,525,142.30 |
| REVENUE | | | | | | | | | | |
| <i>Departmental Income</i> | | | | | | | | | | |
| 1289 | Other General Governmental Income | 60,000.00 | .00 | 60,000.00 | .00 | .00 | 15,000.00 | 45,000.00 | 25 | 60,000.00 |
| 1830 | Repay - Adult Care, Pub Inst | 680,000.00 | .00 | 680,000.00 | 64,341.86 | .00 | 364,863.88 | 315,136.12 | 54 | 814,768.80 |
| | <i>Departmental Income Totals</i> | \$740,000.00 | \$0.00 | \$740,000.00 | \$64,341.86 | \$0.00 | \$379,863.88 | \$360,136.12 | 51% | \$874,768.80 |
| <i>State Aid</i> | | | | | | | | | | |
| 3630 | Adult Care Priv. Inst. | 529,059.00 | .00 | 529,059.00 | 180,394.00 | .00 | 202,402.00 | 326,657.00 | 38 | 468,659.00 |
| | <i>State Aid Totals</i> | \$529,059.00 | \$0.00 | \$529,059.00 | \$180,394.00 | \$0.00 | \$202,402.00 | \$326,657.00 | 38% | \$468,659.00 |
| REVENUE TOTALS | | | | | | | | | | |
| | | \$1,269,059.00 | \$0.00 | \$1,269,059.00 | \$244,735.86 | \$0.00 | \$582,265.88 | \$886,793.12 | 46% | \$1,343,427.80 |
| <i>Department 6050 - Public Facil. For Children</i> | | | | | | | | | | |
| | | \$1,269,059.00 | \$0.00 | \$1,269,059.00 | \$244,735.86 | \$0.00 | \$582,265.88 | \$886,793.12 | 46% | \$1,343,427.80 |
| REVENUE | | | | | | | | | | |
| <i>Departmental Income</i> | | | | | | | | | | |
| 1850 | Repay Pub. Facil (Children) | 1,000.00 | .00 | 1,000.00 | .00 | .00 | .00 | 1,000.00 | 0 | .00 |
| | <i>Departmental Income Totals</i> | \$1,000.00 | \$0.00 | \$1,000.00 | \$0.00 | \$0.00 | \$0.00 | \$1,000.00 | 0% | \$0.00 |
| <i>State Aid</i> | | | | | | | | | | |
| 3650 | Detention Home | 35,750.00 | .00 | 35,750.00 | 1,142.00 | .00 | 1,142.00 | 34,608.00 | 3 | 30,926.58 |
| | <i>State Aid Totals</i> | \$35,750.00 | \$0.00 | \$35,750.00 | \$1,142.00 | \$0.00 | \$1,142.00 | \$34,608.00 | 3% | \$30,926.58 |
| REVENUE TOTALS | | | | | | | | | | |
| | | \$36,750.00 | \$0.00 | \$36,750.00 | \$1,142.00 | \$0.00 | \$1,142.00 | \$35,608.00 | 3% | \$30,926.58 |

Revenue Budget Performance Report

Fiscal Year to Date 06/30/14

Include Rollup Account and Rollup to Account

| Account | Account Description | Adopted Budget | Budget Amendments | Amended Budget | Current Month Transactions | Encumbrances | YTD Transactions | YTD Transactions | Budget - YTD Transactions | % used/ Rec'd | Prior Year Total |
|------------------|--|----------------|-------------------|----------------|----------------------------|--------------|------------------|------------------|---------------------------|---------------|------------------|
| Fund A - General | | | | | | | | | | | |
| Department 6109 | Aid To Dependent Children | \$1,374,750.00 | \$0.00 | \$1,374,750.00 | \$337,522.53 | \$0.00 | \$525,924.01 | \$848,825.99 | 38% | | \$1,210,156.07 |
| Department 6119 | Child Care | 225,250.00 | .00 | 225,250.00 | 35,923.14 | .00 | 96,165.13 | 129,084.87 | 43 | | 312,646.89 |
| | REVENUE | \$225,250.00 | \$0.00 | \$225,250.00 | \$35,923.14 | \$0.00 | \$96,165.13 | \$129,084.87 | 43% | | \$312,646.89 |
| | Departmental Income Totals | | | | | | | | | | |
| 3619 | Child Care | 1,613,500.00 | .00 | 1,613,500.00 | 201,353.00 | .00 | 304,800.00 | 1,308,700.00 | 19 | | 1,369,846.10 |
| | State Aid | \$1,613,500.00 | \$0.00 | \$1,613,500.00 | \$201,353.00 | \$0.00 | \$304,800.00 | \$1,308,700.00 | 19% | | \$1,369,846.10 |
| | Federal Aid | 1,600,000.00 | .00 | 1,600,000.00 | 379,476.00 | .00 | 703,180.00 | 896,820.00 | 44 | | 1,030,187.00 |
| 4619 | Foster Care | \$1,600,000.00 | \$0.00 | \$1,600,000.00 | \$379,476.00 | \$0.00 | \$703,180.00 | \$896,820.00 | 44% | | \$1,030,187.00 |
| | REVENUE TOTALS | \$3,438,750.00 | \$0.00 | \$3,438,750.00 | \$616,752.14 | \$0.00 | \$1,104,145.13 | \$2,334,604.87 | 32% | | \$2,712,679.99 |
| | Department 6123 - Child Care | \$3,438,750.00 | \$0.00 | \$3,438,750.00 | \$616,752.14 | \$0.00 | \$1,104,145.13 | \$2,334,604.87 | 32% | | \$2,712,679.99 |
| | Department 6123 - Juvenile Detainment Care | | | | | | | | | | |
| | REVENUE | | | | | | | | | | |
| 3623 | Juv. Delinquents - Facility | 450.00 | .00 | 450.00 | .00 | .00 | .00 | 450.00 | 0 | | .00 |
| | State Aid | \$450.00 | \$0.00 | \$450.00 | \$0.00 | \$0.00 | \$0.00 | \$450.00 | 0% | | \$0.00 |
| | Federal Aid | 450.00 | .00 | 450.00 | .00 | .00 | .00 | 450.00 | 0 | | .00 |
| 4623 | Juvenile Independent Live | \$450.00 | \$0.00 | \$450.00 | \$0.00 | \$0.00 | \$0.00 | \$450.00 | 0% | | \$0.00 |
| | REVENUE TOTALS | \$900.00 | \$0.00 | \$900.00 | \$0.00 | \$0.00 | \$0.00 | \$900.00 | 0% | | \$0.00 |
| | Department 6129 - State Training School | \$900.00 | \$0.00 | \$900.00 | \$0.00 | \$0.00 | \$0.00 | \$900.00 | 0% | | \$0.00 |
| | REVENUE | | | | | | | | | | |
| 1829 | Repay of State Train Sch | .00 | .00 | .00 | .00 | .00 | .00 | .00 | +++ | | 277.25 |
| | Departmental Income | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | +++ | | \$277.25 |
| | REVENUE TOTALS | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | +++ | | \$277.25 |
| | Department 6140 - Home Relief | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | +++ | | \$277.25 |
| | REVENUE | | | | | | | | | | |
| 1840 | Repay of Home Relief | 160,000.00 | .00 | 160,000.00 | 6,536.94 | .00 | 35,421.82 | 124,578.18 | 22 | | 174,315.23 |
| | Departmental Income | \$160,000.00 | \$0.00 | \$160,000.00 | \$6,536.94 | \$0.00 | \$35,421.82 | \$124,578.18 | 22% | | \$174,315.23 |
| | REVENUE TOTALS | \$160,000.00 | \$0.00 | \$160,000.00 | \$6,536.94 | \$0.00 | \$35,421.82 | \$124,578.18 | 22% | | \$174,315.23 |
| | State Aid | 359,000.00 | .00 | 359,000.00 | 83,083.00 | .00 | 96,681.00 | 262,319.00 | 27 | | 242,280.00 |
| 3640 | Home Relief | \$359,000.00 | \$0.00 | \$359,000.00 | \$83,083.00 | \$0.00 | \$96,681.00 | \$262,319.00 | 27% | | \$242,280.00 |

Revenue Budget Performance Report

Fiscal Year to Date 06/30/14
Include Rollup Account and Rollup to Account

| Account | Account Description | Adopted Budget | Budget Amendments | Amended Budget | Current Month Transactions | YTD Encumbrances | YTD Transactions | Budget - YTD Transactions | % used/ Rec'd | Prior Year Total |
|------------------|---|-----------------|-------------------|-----------------|----------------------------|------------------|------------------|---------------------------|---------------|------------------|
| Fund A - General | Department 7312 - Special Delinquency Prev. REVENUE | | | | | | | | | |
| 3822 | State Aid Spec. Delinquency Prevention | 5,759.00 | .00 | 5,759.00 | .00 | .00 | .00 | 5,759.00 | 0 | 5,689.00 |
| | State Aid Totals | \$5,759.00 | \$0.00 | \$5,759.00 | \$0.00 | \$0.00 | \$0.00 | \$5,759.00 | 0% | \$5,689.00 |
| | REVENUE TOTALS | \$5,759.00 | \$0.00 | \$5,759.00 | \$0.00 | \$0.00 | \$0.00 | \$5,759.00 | 0% | \$5,689.00 |
| | Department 7312 - Special Delinquency Prev. Totals | \$5,759.00 | \$0.00 | \$5,759.00 | \$0.00 | \$0.00 | \$0.00 | \$5,759.00 | 0% | \$5,689.00 |
| | Department 7313 - Youth Court REVENUE | | | | | | | | | |
| 3825 | State Aid NYSOCFS - Youth Court | 15,837.00 | .00 | 15,837.00 | .00 | .00 | .00 | 15,837.00 | 0 | 17,282.00 |
| | State Aid Totals | \$15,837.00 | \$0.00 | \$15,837.00 | \$0.00 | \$0.00 | \$0.00 | \$15,837.00 | 0% | \$17,282.00 |
| | REVENUE TOTALS | \$15,837.00 | \$0.00 | \$15,837.00 | \$0.00 | \$0.00 | \$0.00 | \$15,837.00 | 0% | \$17,282.00 |
| | Department 7313 - Youth Court Totals | \$15,837.00 | \$0.00 | \$15,837.00 | \$0.00 | \$0.00 | \$0.00 | \$15,837.00 | 0% | \$17,282.00 |
| | Fund A - General Totals | \$16,501,016.00 | \$0.00 | \$16,501,016.00 | \$3,413,023.95 | \$0.00 | \$0.00 | \$10,802,584.16 | 0% | \$15,605,241.60 |
| | Grand Totals | \$16,501,016.00 | \$0.00 | \$16,501,016.00 | \$3,413,023.95 | \$0.00 | \$0.00 | \$10,802,584.16 | | \$15,605,241.60 |

Expense Budget Performance Report

Fiscal Year to Date 06/30/14
Include Rollup Account and Rollup to Account

| Account Fund A - General | Account Description | Adopted Budget | Budget Amendments | Arranged Budget | Current Month Transactions | YTD Encumbrances | YTD Transactions | Budget - YTD Transactions | % used/ Rec'd | Prior Year Total |
|--|-----------------------------------|-------------------|----------------------|--------------------|-------------------------------|---------------------|---------------------|------------------------------|------------------|------------------|
| Department 6010 - Social Services | | | | | | | | | | |
| EXPENSE | | | | | | | | | | |
| Personal Services | | | | | | | | | | |
| 110 | Salaries - Regular | 4,828,240.00 | .00 | 4,828,240.00 | 532,122.78 | .00 | 2,286,975.94 | 2,541,264.06 | 47 | 4,602,210.31 |
| 120 | Salaries - Overtime | 49,222.00 | .00 | 49,222.00 | 6,091.78 | .00 | 30,980.89 | 18,241.11 | 63 | 65,315.65 |
| 130 | Salaries - Part Time | 26,052.00 | .00 | 26,052.00 | 3,002.48 | .00 | 30,417.33 | (4,365.33) | 117 | 60,214.22 |
| | <i>Personal Services Totals</i> | \$4,903,514.00 | \$0.00 | \$4,903,514.00 | \$541,217.04 | \$0.00 | \$2,348,374.16 | \$2,555,139.84 | 48% | \$4,727,740.18 |
| 220 | Office Equipment | 5,000.00 | .00 | 5,000.00 | 329.28 | .00 | 1,543.86 | 3,456.14 | 31 | 10,070.36 |
| | <i>Equipment Totals</i> | \$5,000.00 | \$0.00 | \$5,000.00 | \$329.28 | \$0.00 | \$1,543.86 | \$3,456.14 | 31% | \$10,070.36 |
| Contractual Expense | | | | | | | | | | |
| 410 | Supplies | 60,000.00 | 3,500.00 | 63,500.00 | 5,784.67 | 5,247.89 | 20,363.07 | 37,889.04 | 40 | 55,155.86 |
| 411 | Rent-Building/Property | 564,547.00 | .00 | 564,547.00 | .00 | .00 | 282,273.46 | 282,273.54 | 50 | 564,547.00 |
| 418 | Ins-General Liability | 41,103.00 | 1,465.00 | 42,568.00 | .00 | .00 | 42,567.18 | .82 | 100 | 41,388.47 |
| 422 | Repair/Maint-Equipment | 5,000.00 | .00 | 5,000.00 | .00 | .00 | 170.00 | 4,830.00 | 3 | 673.00 |
| 423 | Telephone | 18,000.00 | .00 | 18,000.00 | 1,549.61 | .00 | 8,919.27 | 9,080.73 | 50 | 18,989.18 |
| 424 | Postage | 20,000.00 | .00 | 20,000.00 | 4,905.20 | .00 | 14,492.45 | 5,507.55 | 72 | 29,530.27 |
| 426 | Subscriptions | 1,200.00 | .00 | 1,200.00 | .00 | .00 | .00 | 1,200.00 | 0 | 487.50 |
| 427 | Memberships & Dues | 5,000.00 | .00 | 5,000.00 | .00 | .00 | 4,168.00 | 832.00 | 83 | 4,037.00 |
| 428 | Data Processing & Internet Fees | 3,500.00 | .00 | 3,500.00 | .00 | .00 | 1,192.00 | 2,308.00 | 34 | 3,498.00 |
| 432 | Special Project Supply | 95,000.00 | .00 | 95,000.00 | .00 | .00 | .00 | 95,000.00 | 0 | 95,000.00 |
| 435 | Medical Fees | 5,000.00 | (3,500.00) | 1,500.00 | (235.43) | .00 | 297.00 | 1,203.00 | 20 | 1,435.13 |
| 436 | Advertising Fees | 1,500.00 | .00 | 1,500.00 | .00 | .00 | 28.75 | 1,471.25 | 2 | 28.20 |
| 437 | Consulting Fees | 5,000.00 | (879.00) | 4,121.00 | .00 | .00 | .00 | 4,121.00 | 0 | 4,676.70 |
| 439 | Misc Fees & Expenses | 5,000.00 | .00 | 5,000.00 | 327.00 | .00 | 587.33 | 4,412.67 | 12 | 6,659.13 |
| 440 | Legal/Transcript Fees | 6,000.00 | .00 | 6,000.00 | .00 | .00 | 365.00 | 5,635.00 | 6 | 19,659.83 |
| 441 | Auto-Supplies & Repair | 4,000.00 | .00 | 4,000.00 | .00 | .00 | 1,042.45 | 2,957.55 | 26 | 9,957.37 |
| 442 | Automotive - Gas & Oil | 20,000.00 | .00 | 20,000.00 | 1,064.15 | .00 | 4,138.99 | 15,861.01 | 21 | 11,734.48 |
| 444 | Travel/Education/Conference | 18,000.00 | .00 | 18,000.00 | 1,008.38 | 927.00 | 4,560.44 | 12,512.56 | 30 | 12,640.24 |
| 469 | Other Payments/Contributions | 5,000.00 | .00 | 5,000.00 | .00 | 1,000.00 | .00 | 4,000.00 | 20 | 11,605.00 |
| 470 | Contract | 440,000.00 | (586.00) | 439,414.00 | 4,623.67 | 55,930.13 | 108,638.31 | 274,845.56 | 37 | 352,874.85 |
| | <i>Contractual Expense Totals</i> | \$1,322,850.00 | \$0.00 | \$1,322,850.00 | \$19,027.25 | \$63,105.02 | \$493,823.70 | \$765,921.28 | 42% | \$1,244,577.21 |
| Employee Benefits | | | | | | | | | | |
| 810 | Retirement | 933,833.00 | .00 | 933,833.00 | 98,275.82 | .00 | 466,470.02 | 467,362.98 | 50 | 936,661.78 |
| 830 | Social Security | 304,026.00 | .00 | 304,026.00 | 32,172.68 | .00 | 138,103.98 | 165,922.02 | 45 | 281,014.55 |
| 831 | Medicare Contribution | 71,105.00 | .00 | 71,105.00 | 7,524.31 | .00 | 32,298.63 | 38,806.37 | 45 | 65,720.94 |
| 860 | Hospitalization | 1,491,425.00 | (1,140.00) | 1,490,285.00 | 125,476.40 | .00 | 722,228.62 | 768,056.38 | 48 | 1,330,528.73 |
| 865 | Dental Insurance | 23,166.00 | .00 | 23,166.00 | 1,848.00 | .00 | 10,624.00 | 12,542.00 | 46 | 21,320.00 |
| | <i>Employee Benefits Totals</i> | \$2,823,555.00 | (\$1,140.00) | \$2,822,415.00 | \$265,297.21 | \$0.00 | \$1,369,725.25 | \$1,452,689.75 | 49% | \$2,635,246.00 |

Expense Budget Performance Report

Fiscal Year to Date 06/30/14
Include Rollup Account and Rollup to Account

| Account | Account Description | Adopted Budget | Budget Amendments | Approved Budget | Current Month Transactions | Encumbrances | YTD Transactions | Budget - YTD Transactions | % used/Rec'd | Prior Year Total |
|---|------------------------------|---------------------|---------------------|---------------------|----------------------------|--------------------|---------------------|---------------------------|--------------|---------------------|
| Department 6030 - Countryside Adult Home | | | | | | | | | | |
| EXPENSE | | | | | | | | | | |
| Contractual Expense | | | | | | | | | | |
| 437 | Consulting Fees | 16,500.00 | .00 | 16,500.00 | .00 | .00 | 6,338.35 | 10,161.65 | 38 | 14,650.00 |
| 439 | Misc Fees & Expenses | 4,750.00 | .00 | 4,750.00 | 25.00 | .00 | 125.00 | 4,625.00 | 3 | 400.00 |
| 440 | Legal/Transcript Fees | 2,000.00 | .00 | 2,000.00 | .00 | .00 | .00 | 2,000.00 | 0 | .00 |
| 441 | Auto-Supplies & Repair | 2,500.00 | .00 | 2,500.00 | .00 | .00 | 88.79 | 2,411.21 | 4 | 2,124.21 |
| 442 | Automotive - Gas & Oil | 3,600.00 | .00 | 3,600.00 | 146.91 | .00 | 1,141.91 | 2,458.09 | 32 | 3,017.77 |
| 444 | Travel/Education/Conference | 1,500.00 | .00 | 1,500.00 | .00 | .00 | 699.00 | 801.00 | 47 | 1,493.42 |
| 445 | Foods | 127,000.00 | .00 | 127,000.00 | 2,332.84 | 11,337.44 | 43,088.59 | 72,573.97 | 43 | 118,862.70 |
| 451 | Medical Supply Expense | 6,000.00 | .00 | 6,000.00 | 273.44 | 599.12 | 1,404.57 | 3,996.31 | 33 | 3,656.70 |
| 453 | Uniforms & Clothing | 100.00 | .00 | 100.00 | .00 | .00 | .00 | 100.00 | 0 | .00 |
| 470 | Contract | 31,000.00 | .00 | 31,000.00 | 9,567.41 | .00 | 18,046.37 | 12,953.63 | 58 | 29,487.16 |
| Contractual Expense Totals | | \$402,141.00 | (\$2,000.00) | \$400,141.00 | \$18,210.03 | \$25,947.06 | \$146,519.61 | \$227,674.33 | 43% | \$325,314.23 |
| Employee Benefits | | | | | | | | | | |
| 810 | Retirement | 144,417.00 | .00 | 144,417.00 | 14,962.91 | .00 | 74,992.10 | 69,424.90 | 52 | 158,040.81 |
| 830 | Social Security | 52,212.00 | .00 | 52,212.00 | 5,204.17 | .00 | 23,314.06 | 28,897.94 | 45 | 49,081.99 |
| 831 | Medicare Contribution | 12,212.00 | .00 | 12,212.00 | 1,217.13 | .00 | 5,452.47 | 6,795.53 | 45 | 11,478.90 |
| 860 | Hospitalization | 246,477.00 | .00 | 246,477.00 | 21,050.60 | .00 | 125,143.44 | 121,333.56 | 51 | 230,783.61 |
| 865 | Dental Insurance | 4,186.00 | .00 | 4,186.00 | 346.00 | .00 | 2,076.00 | 2,110.00 | 50 | 3,912.00 |
| Employee Benefits Totals | | \$459,504.00 | \$0.00 | \$459,504.00 | \$42,780.81 | \$0.00 | \$230,978.07 | \$228,525.93 | 50% | \$453,297.31 |
| Other Benefits | | | | | | | | | | |
| 840 | Workmen's Compensation | 3,602.00 | .00 | 3,602.00 | .00 | .00 | 3,601.14 | .86 | 100 | 3,287.33 |
| 850 | Unemployment Insurance | 5,725.00 | .00 | 5,725.00 | .00 | .00 | 1,673.60 | 4,051.40 | 29 | 834.00 |
| 855 | Disability | 3,434.00 | .00 | 3,434.00 | .00 | .00 | 81.15 | 3,352.85 | 2 | 1,694.03 |
| 861 | Retirees Hospitalization | 90,965.00 | .00 | 90,965.00 | 7,288.92 | .00 | 29,745.84 | 61,219.16 | 33 | 80,840.50 |
| 862 | EPO Co-Pay | .00 | .00 | .00 | .00 | .00 | .00 | .00 | +++ | 760.00 |
| Other Benefits Totals | | \$103,726.00 | \$0.00 | \$103,726.00 | \$7,288.92 | \$0.00 | \$35,101.73 | \$68,624.27 | 34% | \$87,415.86 |
| EXPENSE TOTALS | | | | | | | | | | |
| Department 6030 - Countryside Adult Home Totals | | \$1,813,531.00 | \$4,932.00 | \$1,818,463.00 | \$156,597.16 | \$31,883.86 | \$816,350.49 | \$970,228.65 | 47% | \$1,697,056.61 |
| Department 6050 - Public Facil. For Children | | (\$1,813,531.00) | (\$4,932.00) | (\$1,818,463.00) | (\$156,597.16) | (\$31,883.86) | (\$816,350.49) | (\$970,228.65) | 47% | (\$1,697,056.61) |
| EXPENSE | | | | | | | | | | |
| Contractual Expense | | | | | | | | | | |
| 469 | Other Payments/Contributions | .00 | 2,547.08 | 2,547.08 | .00 | .00 | 2,547.08 | .00 | 100 | 27,829.13 |
| 470 | Contract | 75,000.00 | (2,547.08) | 72,452.92 | .00 | 796.50 | .00 | 71,656.42 | 1 | 17,935.20 |
| Contractual Expense Totals | | \$75,000.00 | \$0.00 | \$75,000.00 | \$0.00 | \$796.50 | \$2,547.08 | \$71,656.42 | 4% | \$45,764.33 |
| EXPENSE TOTALS | | | | | | | | | | |
| Department 6050 - Public Facil. For Children Totals | | \$75,000.00 | \$0.00 | \$75,000.00 | \$0.00 | \$796.50 | \$2,547.08 | \$71,656.42 | 4% | \$45,764.33 |
| Department 6050 - Public Facil. For Children Totals | | (\$75,000.00) | \$0.00 | (\$75,000.00) | \$0.00 | (\$796.50) | (\$2,547.08) | (\$71,656.42) | 4% | (\$45,764.33) |

Expense Budget Performance Report

Fiscal Year to Date 06/30/14
 Include Rollup Account and Rollup to Account

| Account | Account Description | Adopted Budget | Budget Amendments | Arranged Budget | Current Month Transactions | YTD Encumbrances | YTD Transactions | Budget - YTD Transactions | % used/Rec'd | Prior Year Total |
|---------|--|------------------|-------------------|------------------|----------------------------|------------------|------------------|---------------------------|--------------|------------------|
| 470 | Department 6119 - Child Care EXPENSE | 3,525,000.00 | .00 | 3,525,000.00 | 169,159.19 | .00 | 1,322,855.61 | 2,202,144.39 | 38% | 3,457,825.26 |
| | Contractual Expense | \$3,525,000.00 | \$0.00 | \$3,525,000.00 | \$169,159.19 | \$0.00 | \$1,322,855.61 | \$2,202,144.39 | 38% | \$3,457,825.26 |
| | EXPENSE TOTALS | \$3,525,000.00 | \$0.00 | \$3,525,000.00 | \$169,159.19 | \$0.00 | \$1,322,855.61 | \$2,202,144.39 | 38% | \$3,457,825.26 |
| | Department 6119 - Child Care Totals: | (\$3,525,000.00) | \$0.00 | (\$3,525,000.00) | (\$169,159.19) | \$0.00 | (\$1,322,855.61) | (\$2,202,144.39) | 38% | (\$3,457,825.26) |
| 470 | Department 6123 - Juvenile Delinquent Care EXPENSE | 2,500.00 | .00 | 2,500.00 | .00 | .00 | .00 | 2,500.00 | 0% | 3,000.00 |
| | Contractual Expense | \$2,500.00 | \$0.00 | \$2,500.00 | \$0.00 | \$0.00 | \$0.00 | \$2,500.00 | 0% | \$3,000.00 |
| | EXPENSE TOTALS | \$2,500.00 | \$0.00 | \$2,500.00 | \$0.00 | \$0.00 | \$0.00 | \$2,500.00 | 0% | \$3,000.00 |
| | Department 6123 - Juvenile Delinquent Care Totals: | (\$2,500.00) | \$0.00 | (\$2,500.00) | \$0.00 | \$0.00 | \$0.00 | (\$2,500.00) | 0% | (\$3,000.00) |
| 470 | Department 6129 - State Training School EXPENSE | 2,000.00 | .00 | 2,000.00 | .00 | .00 | .00 | 2,000.00 | 0% | 2,000.00 |
| | Contractual Expense Totals | \$2,000.00 | \$0.00 | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 | \$2,000.00 | 0% | \$2,000.00 |
| | EXPENSE TOTALS | \$2,000.00 | \$0.00 | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 | \$2,000.00 | 0% | \$2,000.00 |
| | Department 6129 - State Training School Totals: | (\$2,000.00) | \$0.00 | (\$2,000.00) | \$0.00 | \$0.00 | \$0.00 | (\$2,000.00) | 0% | (\$2,000.00) |
| 470 | Department 6140 - Home Relief EXPENSE | 1,098,000.00 | .00 | 1,098,000.00 | 82,136.64 | .00 | 445,676.17 | 652,323.83 | 41% | 1,095,356.20 |
| | Contractual Expense Totals | \$1,098,000.00 | \$0.00 | \$1,098,000.00 | \$82,136.64 | \$0.00 | \$445,676.17 | \$652,323.83 | 41% | \$1,095,356.20 |
| | EXPENSE TOTALS | \$1,098,000.00 | \$0.00 | \$1,098,000.00 | \$82,136.64 | \$0.00 | \$445,676.17 | \$652,323.83 | 41% | \$1,095,356.20 |
| | Department 6140 - Home Relief Totals: | (\$1,098,000.00) | \$0.00 | (\$1,098,000.00) | (\$82,136.64) | \$0.00 | (\$445,676.17) | (\$652,323.83) | 41% | (\$1,095,356.20) |
| 470 | Department 6141 - Fuel Crisis Assistance EXPENSE | 30,000.00 | .00 | 30,000.00 | (13.15) | .00 | 10,139.73 | 19,860.27 | 34% | 24,473.08 |
| | Contractual Expense Totals | \$30,000.00 | \$0.00 | \$30,000.00 | (\$13.15) | \$0.00 | \$10,139.73 | \$19,860.27 | 34% | \$24,473.08 |
| | EXPENSE TOTALS | \$30,000.00 | \$0.00 | \$30,000.00 | (\$13.15) | \$0.00 | \$10,139.73 | \$19,860.27 | 34% | \$24,473.08 |
| | Department 6141 - Fuel Crisis Assistance Totals: | (\$30,000.00) | \$0.00 | (\$30,000.00) | \$13.15 | \$0.00 | (\$10,139.73) | (\$19,860.27) | 34% | (\$24,473.08) |

Expense Budget Performance Report

Fiscal Year to Date 06/30/14
Include Rollup Account and Rollup to Account

| Account | Account Description | Adopted Budget | Budget Amendments | Amended Budget | Current Month Transactions | YTD Encumbrances | YTD Transactions | Budget - YTD Transactions | % used/ Rec'd | Prior Year Total |
|------------------|---|-----------------|-------------------|-----------------|----------------------------|------------------|------------------|---------------------------|---------------|------------------|
| Fund A - General | | | | | | | | | | |
| | Department 7312 - Special Delinquency Prev. Totals: | \$11,518.00 | \$0.00 | \$11,518.00 | \$0.00 | \$11,000.00 | \$272.29 | \$245.71 | 98% | \$11,408.54 |
| | Department 7313 - Youth Court | (\$11,518.00) | \$0.00 | (\$11,518.00) | \$0.00 | (\$11,000.00) | (\$272.29) | (\$245.71) | 98% | (\$11,408.54) |
| | EXPENSE | | | | | | | | | |
| | Contractual Expense | | | | | | | | | |
| 470 | Contract | 50,875.00 | .00 | 50,875.00 | .00 | 35,519.11 | 15,355.89 | .00 | 100 | 50,858.19 |
| | Contractual Expense Totals | \$50,875.00 | \$0.00 | \$50,875.00 | \$0.00 | \$35,519.11 | \$15,355.89 | \$0.00 | 100% | \$50,858.19 |
| | EXPENSE TOTALS | \$50,875.00 | \$0.00 | \$50,875.00 | \$0.00 | \$35,519.11 | \$15,355.89 | \$0.00 | 100% | \$50,858.19 |
| | Department 7313 - Youth Court Totals | (\$50,875.00) | \$0.00 | (\$50,875.00) | \$0.00 | (\$35,519.11) | (\$15,355.89) | \$0.00 | 100% | (\$50,858.19) |
| | Fund A - General Totals: | \$33,720,236.00 | \$4,932.00 | \$33,725,168.00 | \$3,148,024.44 | \$158,093.49 | \$15,033,327.64 | \$18,533,746.87 | | \$32,230,949.00 |
| | Grand Totals: | \$33,720,236.00 | \$4,932.00 | \$33,725,168.00 | \$3,148,024.44 | \$158,093.49 | \$15,033,327.64 | \$18,533,746.87 | | \$32,230,949.00 |

Social Services - Overtime Report - Comparison 2013/2014

| Week End | 2013 OT | 2014 OT | Reason | CPS (After Hrs/OnCall) | Foster Care | APS/ CASA | Prevent ive | Medicaid | Chronic Care | TA/ Employ | FS/ HEAP | Training | CPS | Res Acctg | SCU | Admin/ Yth Ct |
|---------------|----------------|----------------|--|------------------------|--------------|-------------|-------------|---------------|--------------|-------------|--------------|---------------|--------------|-------------|-------------|---------------|
| 01/12/14 | 62.85 | 86.79 | CPS-NR,Homeless Screening, Training/Med-Backlog | 45.59 | | | | 30.20 | | | | 8.25 | 2.75 | | | |
| 01/26/14 | 87.99 | 126.92 | CPS-NR,Assessment/FC-Court/APS-Mtg/Med-Backlog | 45.10 | 2.50 | 4.00 | 0.75 | 72.22 | | | | | 2.35 | | | |
| 02/09/14 | 83.70 | 142.87 | CPS-NR,Assess,Legal Mtg/Med-Backlog/Admin-Conf | 34.42 | | | | 62.70 | | | 1.50 | 39.45 | 3.80 | | | 1.00 |
| 02/23/14 | 46.29 | 73.55 | CPS-NR ,HV,Assess/Med-Backlog/Yth-Alive 25 class ran late | 26.55 | | | | 20.60 | | | | 19.55 | 6.45 | | | 0.40 |
| 03/09/14 | 62.10 | 96.82 | CPS-NR,Transport/Med, Chronic Care-backlog/Training | 53.62 | | | | 14.70 | 15.00 | | | 12.00 | 1.50 | | | |
| 03/23/14 | 58.37 | 72.44 | CPS-NR,Removals,legal referrals/Med-backlog/Training | 41.79 | | | | 17.40 | | | | 8.10 | 5.15 | | | |
| 04/06/14 | 46.90 | 79.86 | CPS-NR,Assess/FC-Transport, Mtg/APS-guardian/Med-case rev | 46.01 | 1.70 | 2.00 | | 25.40 | | | | | 4.75 | | | |
| 04/20/14 | 39.92 | 54.42 | CPS-HV,Removal,Court/FC-HV/Medicaid-Case Reviews | 40.22 | 0.50 | | | 12.90 | | | | | 0.80 | | | |
| 05/04/14 | 53.64 | 57.53 | CPS-HV,Removal,Transport/FC-Crisis Placement/CC - Training | 47.60 | 0.52 | | 2.76 | | | | | 2.10 | 4.55 | | | |
| 05/18/14 | 88.53 | 56.91 | CPS-NR,Assessments/FC-Hearing/Prev-Crisis,Transport/FS-backlog | 30.76 | 0.70 | 2.00 | 5.00 | | | 1.00 | 3.00 | 8.70 | 5.75 | | | |
| 06/01/14 | 58.37 | 69.25 | CPS-NR,Removal/FC-Transports,Reviews/FS-Backlog/Training | 31.27 | 5.13 | | | | | | 13.00 | 11.00 | 8.85 | | | |
| 06/15/14 | 78.45 | 92.39 | CPS-NR,Assessment/FC-Intake,Transport/FS-Backlog/Training | 29.24 | 4.75 | | | | | | 18.00 | 35.25 | 4.45 | | | 0.70 |
| 06/29/14 | 55.50 | 55.40 | CPS-NR,Assessments/FC-Transport,Court/FS-Backlog/Training | 28.55 | 4.10 | | | | | | 15.00 | 6.00 | 1.75 | | | |
| 07/13/14 | 69.64 | 31.09 | CPS-NR,HV/Training-new CW/FC - HV, Court | 20.46 | 1.33 | | | | | | | 9.30 | | | | |
| 07/27/14 | 79.55 | | | | | | | | | | | | | | | |
| 08/10/14 | 114.45 | | | | | | | | | | | | | | | |
| 08/24/14 | 84.66 | | | | | | | | | | | | | | | |
| 09/07/14 | 45.72 | | | | | | | | | | | | | | | |
| 09/21/14 | 93.21 | | | | | | | | | | | | | | | |
| 10/05/14 | 104.36 | | | | | | | | | | | | | | | |
| 10/19/14 | 175.52 | | | | | | | | | | | | | | | |
| 11/02/14 | 185.75 | | | | | | | | | | | | | | | |
| 11/16/14 | 156.45 | | | | | | | | | | | | | | | |
| 12/07/14 | 119.83 | | | | | | | | | | | | | | | |
| 12/21/14 | 145.09 | | | | | | | | | | | | | | | |
| 12/31/14 | 75.56 | | | | | | | | | | | | | | | |
| Totals | 2272.40 | 1096.24 | | 521.18 | 21.23 | 8.00 | 8.51 | 256.12 | 15.00 | 1.00 | 50.50 | 159.70 | 52.90 | 0.00 | 0.00 | 2.10 |

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: 40.02
Title of Position: SOCIAL SERVICES ATTORNEY Annual Salary: \$73,000 Grade: _____
Budget code and title: A.6010 110 Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 11549 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other 25 %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. gs

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 7/25/14

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

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 7/25/14

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date July 25, 2014

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

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature]

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.06
Title of Position: SR. SOCIAL WELFARE EXAM #6 Annual Salary: \$33,687 Grade: 11
Budget code and title: A.6010 Salaries - Regular Union [checked] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [checked] Promotion [] Other
Employee No.: 11769 Is this position mandated? [checked] Yes [] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [checked] Federal 50 % [checked] State 25 % [checked] Other 25 % Local

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [checked] Competitive-no list (hiring would be provisional) [] Non-Competitive [checked] Other Promotional Exam Req.
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. [Signature]

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 7/25/14
[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 7/25/14
[checked] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date July 25, 2014
[checked] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [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, 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: 40.06
Title of Position: SOCIAL WELFARE EXAMINER #40 Annual Salary: \$30,835 Grade: 8
Budget code and title: A.6010 110 Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 12466 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other 25 %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
by AUGUST

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. CS.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 7/25/14

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

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 7/25/14

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date July 25, 2014

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

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [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, 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 WELFARE EXAMINER Payroll Dept. No: 40,06
Title of Position: SOCIAL WELFARE EXAMINER #41 Annual Salary: \$30,835 Grade: 8
Budget code and title: A.6010 110 Salaries-Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 1629 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other 25 %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
by AUGUST

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. gs

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 7/25/14

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

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 7/25/14

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

Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date July 25, 2014

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [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, 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: 40.06
Title of Position: SOCIAL WELFARE EXAM #21 Annual Salary: \$30,835 Grade: 8
Budget code and title: A.6010 Salaries - Regular Union [checked] Non-Union []
This position is vacated due to: [checked] Retirement [] Resignation [] Termination [] Promotion [] Other []
Employee No.: 8332 Is this position mandated? [checked] Yes [] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [checked] Federal 50 % [checked] State 25 % [checked] Other 25 % Local

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[checked] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initiated. [Signature]

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 7/25/14

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

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 7/25/14

- [checked] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date July 25, 2014

- [checked] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature]

Reallocation Committee Recommendations - July 2014
Regarding Caseworkers in Department of Social Services

From: Gretchen Steffan, SPHR on behalf of the Committee

Date: July 25, 2014

We propose:

1. Caseworker – Grade 16 starting salary \$38,239,
from a Grade 14 at \$36,093
2. Senior Caseworker - Grade 18, step 2 starting salary \$42,200,
from Grade 15 \$36,738
3. Case B Supervisor - Grade 20, starting at Step #5 \$50,871,
from Grade 17 \$46,703

Our goal is recruitment, retention and compensation equity...

**Caseworker Comparison for Driveable Counties
 Reallocation Committee
 July 22, 2014 - Proposed Changes...**

| Driveable Counties... | WARREN COUNTY | WASHINGTON COUNTY | ALBANY COUNTY | SARATOGA COUNTY | SCHENECTADY COUNTY |
|----------------------------|-------------------|-------------------|-----------------|--------------------|--------------------|
| | Annual | Annual | Annual | Annual | Annual |
| POPULATION | 65,881 | 68,165 | 303,565 | 220,882 | 155,058 |
| 1. Caseworker Start | \$38,930 | \$41,974 | \$49,944 | \$24,660 | \$45,117 |
| 2. Sr. Caseworker | \$49,930 | \$45,947 | \$48,085 | \$48,085 | \$47,487 |
| 3. Probation Officer | \$29,612 | \$33,946 | N/A | N/A | \$37,184 |
| 4. Probation Assistant | \$41,881 | \$43,950 | \$44,600 | \$44,600 | \$45,117 |
| 5. Sr. Probation Officer | \$43,674 | \$47,965 | \$48,085 | \$48,085 | \$49,978 |
| Population | 65,831 | 63,165 | 303,565 | 220,882 | 155,058 |
| Caseworker Start | \$38,930 | \$41,974 | \$49,944 | \$24,660 | \$45,117 |
| Caseworker 5th Year | \$38,749 | \$42,715 | \$49,916 | \$44,589 | \$47,111 |
| Caseworker 2nd Year | \$39,218 | \$43,056 | \$48,349 | \$45,897 | \$48,740 |
| Caseworker 3rd Year | \$40,099 | \$43,937 | \$48,905 | \$46,017 | \$49,027 |
| Caseworker 4th Year | \$41,677 | \$44,183 | \$49,961 | \$46,999 | \$50,085 |
| Caseworker 5th Year | \$42,764 | \$44,866 | \$49,811 | \$47,516 | \$50,749 |
| Warren | Washington | Albany | Saratoga | Schenectady | |
| Caseworker Start | \$38,930 | \$41,974 | \$49,944 | \$24,660 | \$45,117 |
| | \$3,735 | \$4,035 | \$6,421 | \$7,216 | |
| | 10% | 11% | 17% | 19% | |
| Caseworker 5th Year | \$38,749 | \$42,715 | \$49,916 | \$44,589 | \$47,111 |
| | \$3,776 | \$4,177 | \$6,513 | \$8,374 | |
| | 10% | 11% | 17% | 22% | |
| Caseworker 2nd Year | \$39,218 | \$43,056 | \$48,349 | \$45,897 | \$48,740 |
| | \$3,638 | \$4,131 | \$6,409 | \$9,352 | |
| | 9% | 10% | 16% | 24% | |
| Caseworker 3rd Year | \$40,099 | \$43,937 | \$48,905 | \$46,017 | \$49,027 |
| | \$2,498 | \$4,204 | \$6,318 | \$10,328 | |
| | 6% | 10% | 16% | 26% | |
| Caseworker 4th Year | \$41,677 | \$44,183 | \$49,961 | \$46,999 | \$50,085 |
| Likely a senior caseworker | \$466 | \$1,389 | \$3,320 | \$8,413 | |
| | 1% | 3% | 8% | 19% | |
| Caseworker 5th Year | \$42,764 | \$44,866 | \$49,811 | \$47,516 | \$50,749 |
| Likely a senior caseworker | \$2,888 | \$1,943 | \$1,178 | \$5,988 | |
| | -6% | -4% | 0% | 13% | |

