

**Public Safety Committee
Sheriff's Committee Agenda
04-20-2016**

Committee Members: Wood, Dickinson, Girard, Frasier, Brock, Seeber, Simpson, Vanselow, Montesi, Braymer, MacDonald

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior committee meeting
- III. Action Agenda
 - A. Request resolution to amend budget to transfer monies (\$93,100.00) within a PSAP Grant, amending Resolution 111 of 2016. ✓
 - B. Request permission to have PO Coon and PO Carpenter attend Child Passenger Safety Training Conference May 10th-12th, 2016 held in Lake Placid NY. ✓
 - C. Notice of Intent to fill Vacant Position (Patrol Officer) due to retirement.
 - D. Notice of Intent to fill Vacant Position (Communication Officer) due to retirement.
- IV. Referral / Pending Items
- V. Topics for Discussion
 - A. Pre-Post Resolution Request on 04-15-2016 to amend budget to reflect Insurance Recovery in the amount of \$28,621.00.
- VI. Motion to adjourn

Attachments:

- #1. Resolution form #7 / Request to amend County Budget A.3020 4031 471 & A.3020 4031, in the amount of \$93,000.
- #2. Authorization to Attend Meeting or Convention PO Coon and PO Carpenter.
- #3. Notice of Intent to Fill Vacant Position (Patrol Officer)
- #4. Notice of Intent to Fill Vacant Position (Communication Officer)

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Sheriff

DATE: April 14, 2016

- (a) **Purpose of Amendment:** Transfer of monies within a grant, amending Resolution 111 of 2016.
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3020 4031 470 \$93,100.00
- (c) **Revenue Code (with title), and Amount:**
A.3020 4031 \$93,100.00

*Please note all amount must be in whole dollars – no cents.

Authorization To Attend Meeting or Convention

Check One:

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

The Public Safety Committee hereby authorizes Jeremy Coon and George Carpenter
(committee) (name)

To attend Child Passenger Safety Training Conference, Cost is \$350
(name of meeting or organization)

At Lake Placid, NY
(address)

On May 10-12, 2016. 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 \$free GSA Rate \$ _____
 Meal costs – GSA per diem rate \$ _____
(see www.gsa.gov)

Date: 4/15/16 Signature [Signature]
(department head)

Date: 4/20/16 Signature [Signature]
(Committee Chairman)

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 A Fleet Vehicle

Filing Instructions:

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

[Search SafeNY](#)

CHILD PASSENGER SAFETY

Child Passenger Safety Instructors and Technicians

Information on New York State's Child Passenger Safety Program for certified instructors and technicians. Training information is also available for people who are interested in becoming technicians.



Save the Date

NHTSA Region 2 CPS Technical and Training Conference

Conference Center at Lake Placid

Lake Placid, New York

May 10th - 12th, 2016

- [Attendee Conference Registration Form](#)
- [Attendee Pre-Conference Registration Form](#)
- [Presenter/Exhibitor/Vendor Conference Registration Form](#)
- [CPS Conference - Tentative Schedule \(3/17/2016\)](#)

For New York Certified Technicians and Instructors:

Lodging will be covered under the grant held by the New York State Association of Traffic Safety Boards. You will need to provide a credit card to hold the room reservation and pay for incidental expenses.

The registration fee is eligible for reimbursement with your GTSC grant.

After you register for the conference you will receive a registration confirmation email. Both registration form and the confirmation email will contain detailed information regarding reimbursement for conference expenses.

If you do not receive a registration confirmation within 72 hours of submission please contact us at dmv.sm.CPSConference@dmv.ny.gov

CPS Instructor Resources

Child Passenger Safety Technician Training

- ***Child Passenger Safety Technician Certification Course***
This course is for individuals who are interested in becoming a certified Child Passenger Safety Technician. Successful completion of this course will certify individuals as a Child Passenger Safety Technician for 2 years.
To schedule a course you are conducting, please use the **CPS Technician Certification Course Form**.
- ***The Child Passenger Safety Certification Renewal Class***
This course is for individuals whose Child Passenger Safety Technician Certification has expired. Successful completion of this one day course will help individuals regain their certification.
To schedule a class you are conducting, please use the **CPS Technician Renewal Class Form**.
- ***Child Passenger Safety Technical Update Training***
These courses are for currently certified technicians. Completion of these courses help technicians stay current in their knowledge of Child Passenger Safety and earn Continuing Education Units towards recertification.
To schedule a CEU update training you are conducting, please use the **CPS Technician CEU Update Training Form**.

Additional Training

Safe Travel for All Children: Transporting Children with Special Health Care Needs
☞ training course information through the Indiana University School of Medicine

Child Passenger Safety Technician Resources

- **Recertification Requirements** ☞ at Safe Kids.org
- **Resources for Continuing Education Units (CEUs)** ☞ at Safe Kids.org
- **National Child Passenger Safety Board** ☞
- **New York State Child Passenger Safety Advisory Board**
- **New York State Child Passenger Safety Standards of Performance**
- **Child Passenger Safety Technician Code of Conduct** ☞ at the National Child Passenger Safety Board

Additional Resources

- **Child Passenger Safety Grant Forms**
- **Child Safety Seat Check Events**
To add an event to this calendar, please **complete this form** (MS Word) and email it to the CPS coordinator at least one month prior to your event.
- **Child Safety Seat Inspection Stations**

Child Passenger Safety Technician & Instructor Listing

- **Listing of Technicians and Instructors** [↗](#) at Safe Kids Worldwide
To update your information on this listing, please **update your profile at Safe Kids Worldwide** [↗](#)
- **Technicians Trained in Special Needs Transportation** - To find a technician or instructor who is trained in Safe Travel for All Children: Transporting Children with Special Health Care Needs, go to the **Listing of Technicians and Instructors** [↗](#) at Safe Kids Worldwide, enter your state or a ZIP code range in your area, check the box for Special Needs at the bottom of the page and press the submit button. Extra training appears in the right column of the table. The majority of Child Passenger Safety Technicians have not been trained in the special needs course; you may not find a technician in your immediate locality.

SUBMIT



**NHTSA Region 2 Child Passenger Safety
Technical Conference
May 10-12, 2016**

The Conference Center at Lake Placid
Lake Placid, New York

Attendee Registration Form

Registration before April 10, 2016: \$175 Registration after April 10, 2016: \$200
(Includes meals and access to exhibits, workshops and materials)

****See instructions section below****

<u>Attendee Information</u>			
First Name:		Last Name:	
Preferred name for badge:			
CPS Technician /Instructor #:			
Organization:			
Street or PO Box:		City/Town/Village:	
State:		Zip:	
Phone #: (Will not be published)			
Email: (Registration confirmation/correspondence)			
Registration: (Check all that apply)	<input type="checkbox"/> Conference Registration \$175 <input type="checkbox"/> Late Registration \$25		
Payment Type: <i>*Payment MUST be mailed with receipt at bottom of form and postmarked by 4/10/2016</i>	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order #: _____ Accounting Department Phone #: _____		
<u>Meal Inclusions</u>			
Please check the food functions you will be attending:			
<input type="checkbox"/> Tuesday Welcome Reception	<input type="checkbox"/> Wednesday Lunch		
<input type="checkbox"/> Wednesday Breakfast	<input type="checkbox"/> Thursday Breakfast		
Please inform us of special dietary needs (food allergies and/or dietary restrictions). Every effort will be made to accommodate your specific dietary needs.			
Dietary Needs: _____			

Overnight Accommodations

Hotel reservations for the Child Passenger Safety Technical Conference can be made on line at <https://reservations.meetingslakeplacid.com/start.php?i=38> .

All reservations must be made via the website listed above no later than **April 10, 2016**. Any reservations attempted to be made after this date are not subject to conference rates (*\$107 per night*) or availability guarantees.

For all hotels, check-in is 4:00 p.m.; check-out is 11:00 a.m.

Lodging Cancellations:

- Any hotel cancellations made before **April 10, 2016** must be made by email (kristin@lakeplacid.com) or fax (518-621-3658) to Kristin Strack at the Lake Placid CVB. Any hotel cancellations made after this date must be made by the attendee directly with the hotel.
- Hotel cancellations made by **April 24, 2016** will receive a full refund of the room deposit minus a processing fee of \$10.
- Hotel cancellations made after **April 24, 2016** will forfeit the cost of a night's deposit.

**Please note, not all hotels will be honoring the conference rate for Monday May 9th. If your stay commences on May 9, 2016 the lodging website will automatically display only those hotels honoring the conference rate on May 9, 2016. In addition, the High Peaks Resort will extend a limited number of rooms at the conference rate to attendees who wish to stay overnight on Thursday, May 12, 2016*

Registration Completion Instructions

Registration forms can be completed and submitted via email. Please use the "submit" button to electronically return the registration form. If you are unable to complete the registration form via this method please attach your completed form to an email and send to dmv.sm.CPSConference@dmv.ny.gov by April 10, 2016. Registrations received and payments postmarked after this date are subject to an additional \$25 late registration fee.

Registration cancellations must be made by **April 24, 2016** via email to dmv.sm.CPSConference@dmv.ny.gov in order to receive a refund.

Please make checks, money orders, or purchase orders payable to **NYSATSB Programs Inc.**

- NYSATSB Programs Inc Federal ID # : 11-3513108
- Note "CPS Conference" in memo section of checks or purchase orders
- You must detach the receipt below and include the check/money order/purchase order and receipt in the envelope
- By Mail: Laura Olsen, GTSC, 6 Empire State Plaza, Room 410B, Albany, NY 12228
- By Fax: 518-473-6946 (Purchase Orders Only)

**DETACH COMPLETED RECEIPT BELOW AND RETURN WITH PAYMENT
MADE PAYABLE TO NYSATSB PROGRAMS INC**

NHTSA Region 2 Child Passenger Safety Technical Conference

May 10-12, 2016

Attendee Information

First Name:		Last Name:	
Organization:			
Phone #:			
Email:			
Registration:	<input type="checkbox"/> Conference Registration \$175 <input type="checkbox"/> Late Registration \$25		

SUBMIT

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: Sheriff Payroll Dept. No.: 30.00

Title of Position: Patrol Officer #44 Base Salary of Position: \$39,214.00 Grade:

Filling at Step # (If Known): Request to Back Due to Promotion: Yes No

Budget code and title: A.3110 Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No: 8183 Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other Lateral *PCN*
Transfer is possible

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. *AG 4-22-16*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature *W. O. Magley* Date *4/20/16*

BUDGET OFFICER COMPLETES THIS SECTION

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* Date *4/20/16*

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee *Criminal Justice + Public Safety*

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 *Cathy M. Wood* Date *4/20/16*

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: Sheriff Payroll Dept. No.: 30.00

Title of Position: Communication Officer #6 Base Salary of Position: \$37,393.40 Grade:

Filling at Step # (If Known): Request to Back Due to Promotion: Yes No

Budget code and title: A.3020 Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No: 7424 Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

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

Transfer is possible

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. *JP 4-22-16*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature *W. B. Magley* Date *4/20/16*

BUDGET OFFICER COMPLETES THIS SECTION

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* Date *4/20/16*

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee *Criminal Justice + Public Safety*

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 *Wally M. West* Date *4/20/16*

**PRE/POST-COMMITTEE MEETING
RESOLUTION REQUEST FORM**

Department Name:

Date:

Sheriff's Office

04-14-2016

Purpose of Resolution Request (*Attach Backup, including Standard Resolution Request Form*):

Budget Amendment to reflect Insurance Recovery

Details of Resolution Request (*Add Past Resolution Number, if applicable*):

Reason(s) Why This Request was not Addressed at the Scheduled Committee Meeting:

Insurance Carrier settled the claim on 04-12-2016, and Sheriff's Office needs to order a replacement vehicle ASAP.

Approved (Initials) - *All Must Initial Before Request can be Processed:*

Chairman of the Board _____

Committee Chairman _____

Administrator _____

Clerk of the Board _____

Department Head _____

County Attorney _____

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Sheriff

DATE: April 14, 2016

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies from Insurance Recovery for wrecked Police Vehicle.

- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3110 230 \$28,621.00

- (c) **Revenue Code (with title), and Amount:**
A.3110 2680 \$28,621.00

*Please note all amount must be in whole dollars – no cents.