

Social Services Committee
Warren County Department of Social Services
AGENDA
March 23, 2016

Committee Members: Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. **Resolution Request:**

Request to Appoint members to the Warren County Youth Board for 2016.
Please see Attachment #1
Rationale: Representation from Warren County Municipalities is required for the Youth Board.
 2. **Resolution Request:**

Request to Ratify the Actions of the Chairman of the Board of Supervisors in executing the New York State Office of Children & Family Services 2016 Annual Plan.
Please see Attachment #2
Rationale: The Plan must be reviewed and authorized annually.
 3. **Resolution Request:**

Request permission for one staff member to attend the 27th Annual New York State Foster Care and Adoption Conference, in Albany, NY May 5 – 7, 2016. The cost of the program is \$190.
Please see Attachment #3
Rationale: This is an essential training for Foster Care.
 4. **Resolution Request:**

Request permission for one staff member to attend the 21st Annual New York State Child Abuse Prevention Conference, in Albany, NY April 11 - 13, 2016. The cost of the program is \$395.
Please see Attachment #4
Rationale: This is an essential training for Child Protective Services.
 5. **Resolution Request:**

Request to Create and Fill the position of Intake Clerk #7 in the Medicaid Unit and request to back-fill; and abolish the position of Social Welfare Examiner #34, Grade 8 (Step 1), Salary \$32,771, Employee No. 12661, due to resignation.
Please see Attachment #5
Rationale: Intake Clerk is needed in the Medicaid Units.

6. Resolution Request:

Request to create and fill two Caseworker positions (#34 and #35), and request to back-fill.

Please see Attachment #6

Rationale: Over the past couple of years several caseworkers have been out on various extended leaves making it difficult for the units to meet paperwork guidelines, and more importantly, to give optimum services to families on a consistent basis. The two floating positions would provide the necessary caseload coverage to the units in need.

IV. Pending Item

There are no pending items.

V. Information for Discussion/Review

1. Countryside Adult Home Agenda – Deanna Park, Director
2. Monthly Revenue & Expenditures and Overtime Report – Julie Montero, Fiscal Manager

Please see Attachment #7

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to Adjourn

Attachments:

1. Requests to Appoint Members to the Warren County Youth Board;
2. Request to Ratify the Actions of the Chairman of the BOS to Execute NYS OCFS Plan 2016;
3. Request permission for Foster Care training, Albany, NY
4. Request permission for CPS training, Albany, NY
5. Request to Create & Fill Intake Clerk #7 and Abolish Social Welfare Examiner #34;
6. Request to Create 2 Caseworker positions (#34 & #35) to work in all units of DSS Services;
7. Monthly Revenue & Expenditures and Overtime Reports

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: March 23, 2016

- (a) Name of Appointee: **Supervisor Frank Thomas**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Town of Stony Creek**
- (e) Address of Appointee: **PO Box 96, 52 Hadley Rd., Stony Creek, NY 12878**
- (f) Title of Appointment: **Warren County Youth Board Member**
- (g) Effective Date of Appointment: **January 1, 2016**
- (h) Termination Date of Appointment: **December 31, 2016**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: March 23, 2016

- (a) Name of Appointee: **Susan Shepler**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Town of Thurman**
- (e) Address of Appointee: **PO Box 29, Athol, NY 12810**
- (f) Title of Appointment: **Warren County Youth Board Member**
- (g) Effective Date of Appointment: **January 1, 2016**
- (h) Termination Date of Appointment: **December 31, 2016**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: March 23, 2016

- (a) Name of Appointee: **Rosie Lewis**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Town of Horicon, Student**
- (e) Address of Appointee: **21 Hill Clyde Acres, Chestertown, NY 12817**
- (f) Title of Appointment: **Warren County Youth Board Member**
- (g) Effective Date of Appointment: **January 1, 2016**
- (h) Termination Date of Appointment: **December 31, 2016**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

ATTACHMENT #?

**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: Social Services

DATE: March 23, 2016

- (a) Purpose of Request: **Request to Ratify the Actions of the Chairman of the Board in Executing the New York State Office of Children & Family Services Annual Plan for 2016.**
- (b) Details:
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

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

* as listed in budget and LOGOS

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

ATTACHMENT #3

Check one:

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

The Social Services Committee hereby authorizes Joanna Brierton

 (Supervisory Committee) (Employee Name)

to attend 27th Annual NYS Foster Care & Adoption Conference

 (Name of meeting or organization)

at Marriott Hotel 189 Wolf Rd, Albany, NY 12205

 (Address)

on May 5-7, 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 \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 3/23/16

Maureen Schmielt

Department Head Signature

Date: March 23, 2016

[Signature]

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.



New York State Citizens Coalition for Children

Changing Landscape

27th Annual New York State Foster Care and Adoption Conference
May 5-7, 2016 Albany Marriott

Register online before Friday, 4/29 at www.nysccc.org

or send form to 134 Main Street, Suite A1, New Paltz, NY 12561
Fax: 888-482-9112; info@nysccc.org
Register by 4/15 to avoid late fee
After 4/29, you must register at the door

Name Joanna Brierton

Job Title Foster care/adoption counselor

Parent Group or Agency Affiliation Warren County DSS

Agency Address, City, State, Zip Code and Phone Number 1340 State Rt. 9, Lake George, NY 12845

Mailing Address, if different (i.e. F/A Parent home address)

Daytime Phone 761-6215

Cell Phone _____

Email joanna.brierton@co.fg.ny.us

Enter all codes (refer to code listing on page 5): Job Type Code 5 Functional Area Code 7, 9

Event Registration	Member	Nonmember	Amount Due
2-Day Conference (Friday & Saturday)	\$150	\$205	\$ <u>205.00</u>
Friday Only	\$125	\$180	\$ _____
Saturday Only	\$125	\$180	\$ _____
Individual Membership - Add \$40			\$ <u>40.00</u>
Parent Group Membership (includes member discounts for 3 registrants) - Add \$60			\$ _____
Agency Membership (includes member discounts for 3 registrants) - Add \$100			\$ _____
Pre-Conference Parent Leadership Gathering - Add \$10			\$ _____
College Continuing Education Credits - Add \$25			\$ _____
Social Work Continuing Education Units - Add \$60			\$ _____
Late Registration Fee (After 4/15) - Add \$50			\$ _____
Total Amount Enclosed			\$ <u>245.00</u>

Method of Payment

- Check - Payable to NYSCCC
 - Visa MasterCard American Express Discover
- Card# _____ Exp. Date _____ Security Code _____
Name on Card _____ Signature _____

Final cost as per program 190.00

Purchase Order/Voucher - Payable in 30 days - Payment contact, email, and phone: _____

Circle the number of the workshop you plan to attend in each period

Friday Workshops			Saturday Workshops		
Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
1	6	11	16	21	26
2	7	12	<u>17</u>	<u>22</u>	27
<u>3</u>	8	13	18	23	28
4	9	14	19	24	29
5	<u>10</u>	<u>15</u>	20	25	<u>30</u>

Accommodations: Marriott Hotel, 189 Wolf Rd., Albany, NY • 518-458-8443, 800-443-8952. Contact the hotel directly to make your reservation at the conference rate of \$115 plus applicable taxes. Reservations must be received prior to 4/21 to guarantee availability at the special rate. Use reservation code 006



Receipt / Invoice

March 8, 2016

Joanna Brierton
Warren County Department of Social Services

Thank you for registering for Changing Landscape, NYSCCC's 27th Annual Statewide Foster Care and Adoption Conference on May 6 & 7, 2016 at the Albany Marriott Hotel. However, we cannot process your registration until we receive payment or a voucher for the balance due amount below.

Please consider this document as **your bill or invoice** for payment of purchase orders and forward it to the appropriate person or department, if you are not the payment contact. **Full payment must be received within 30 days.** Your assistance to assure prompt payment would be greatly appreciated.

Please contact the Marriott directly to make your hotel reservation at the special conference rate of \$115 plus applicable taxes, and be sure to identify yourself as a part of the NYSCCC Conference (reservation code: CCC). Hotel reservations MUST be received prior to Thursday, April 21st to guarantee availability at the special rate.

We are looking forward to seeing you at this year's conference. Feel free to contact Susie Collins, 607-398-9018, or scollins@nysccc.org with any questions or concerns.

<u>Registration Received</u>	<u>Regis. Fee</u>	<u>Member</u>	<u>CEU</u>	<u>Late Fee</u>	<u>5/5 Event</u>	<u>Amount Due</u>
Joanna Brierton	\$150.00	\$40.00				\$190.00

Total Amount Due \$190.00

Total Amount Paid 0.00

Balance Due \$190.00

Thank You!

*Support, Information and Advocacy for Foster, Adoptive and Kinship Families
134 Main Street, Suite A1, New Paltz, NY 12561 • 646-688-4321
Fax 888-482-9112 • www.nysccc.org*

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

ATTACHMENT #4

Check one:

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

The Social Services Committee hereby authorizes Kristy Neel
(Supervisory Committee) (Employee Name)

to attend 21st Annual NYS Child Abuse Prevention Conference
(Name of meeting or organization)

at Marriott Hotel 189 Wolf Rd, Albany, NY 12205
(Address)

on April 11 - 13, 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 \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 3/23/16

Maureen Schmidt

Department Head Signature

Date: March 23, 2016

[Signature]

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.



REGISTRATION BOOKLET



21st Annual New York State Child Abuse Prevention Conference

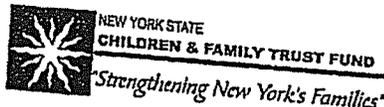
April 11-13, 2016 - Marriott Hotel, Albany, NY

Register and pay by **March 11** to receive the discounted rate!

Register online at www.preventchildabuseny.org



**Office of Children
and Family Services**



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: **40.03**

Title of Position: **INTAKE CLERK #7**

Base Salary of Position: **\$27,027**

Grade: **4**

Filling at Step # (If Known):

Request to Backfill Due to Promotion: Yes No

Budget code and title: **A.6010 110 - Salaries Regular**

Union Non-Union

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

Employee No.:

Is this position mandated? Yes No

Is the position reimbursable? Yes No

Source of reimbursement: Federal 50% State 25% Other %

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. _____

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 _____ Date _____

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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- 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 _____ Date _____

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Social Services

DATE: March 23, 2016

- (a) Title of Requested Position: **Intake Clerk #7**
- (b) Annual Base Salary (and Grade if Applicable): **\$27,027 (Grade 4)**
- (c) Effective Date for New Position:* **April 15, 2016**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
Social Welfare Examiner #34 - Salary \$32,771 (Grade 8)
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.6010 110 - Salaries Regular
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
Yes
- (h) Is there expected revenue from this position? If so, please explain:

RESOLUTION REQUEST FORM NO. 11 ATTACHMENT #6

Request to Create New Position

DEPARTMENT NAME: Social Services

DATE: March 23, 2016

- (a) Title of Requested Position: **Caseworker #34**
- (b) Annual Base Salary (and Grade if Applicable): **\$39,979 (Grade 16)**
- (c) Effective Date for New Position:* **April 15, 2016**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.6010 110 - Salaries Regular
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
Yes
- (h) Is there expected revenue from this position? If so, please explain:

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

ATTACHMENT #6

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: CASEWORKER #34 Base Salary of Position: \$39,979 Grade: 16
Filling at Step # (If Known): Request to Backfill Due to Promotion: [X] Yes [] No
Budget code and title: A.6010 110 - Salaries Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [X] Other New Position
Employee No.: Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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.

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 _____ Date _____

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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- [] 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 _____ Date _____

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Social Services

DATE: March 23, 2016

- (a) Title of Requested Position: **Caseworker #35**
- (b) Annual Base Salary (and Grade if Applicable): **\$39,979 (Grade 16)**
- (c) Effective Date for New Position:* **April 15, 2016**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.6010 110 - Salaries Regular
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
Yes
- (h) Is there expected revenue from this position? If so, please explain:

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: **SOCIAL SERVICES**

Payroll Dept. No: **40.01**

Title of Position: **CASEWORKER #35**

Base Salary of Position: **\$39,979**

Grade: **16**

Filling at Step # (If Known):

Request to Backfill Due to Promotion: Yes No

Budget code and title: **A.6010 110 - Salaries Regular**

Union

Non-Union

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

Employee No.:

Is this position mandated? Yes No

Is the position reimbursable? Yes No

Source of reimbursement: Federal 50% State 25% Other %

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. _____

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 _____ Date _____

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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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 _____ Date _____

BUDGET ANALYSIS

ATTACHMENT #7

REVENUE AND EXPENDITURES FOR FEBRUARY 2016

FUND(S): A

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

EXPENSES	2016 BUDGETED	FEB 2016 EXP	FEB 2015 EXP	2016 YTD ACTUAL	2015 Prior Year Totals
110 Salaries - Regular	\$5,746,066.00	\$421,890.40	\$415,415.87	\$757,872.80	\$5,384,752.8
120 Salaries - Overtime	\$80,222.00	\$5,790.91	\$6,131.84	\$13,301.33	\$67,959.3
130 Salaries - Part Time	\$195,541.00	\$23,256.58	\$24,109.59	\$42,612.10	\$219,908.6
100's PERSONAL SERVICES: Total	\$6,021,829.00	\$450,937.89	\$445,657.30	\$813,786.23	\$5,672,620.8
200's EQUIPMENT	\$21,600.00	\$1,958.98		\$2,998.48	\$50,252.5
400's CONTRACTUAL	\$23,308,081.00	\$1,858,696.14	\$1,653,171.83	\$2,987,330.00	\$21,604,930.5
800's EMPLOYEE BENEFITS	\$3,630,498.00	\$320,368.40	\$250,200.85	\$611,254.18	\$3,606,016.2
TOTALS	\$32,982,008.00	\$2,631,961.41	\$2,349,029.98	\$4,415,368.89	\$30,933,820.1

REVENUES	2016 BUDGETED	FEB 2016 REVENUE	FEB 2015 REVENUE	2016 YTD ACTUAL	2015 Prior Year Totals
	\$16,151,956.00	\$764,828.51	\$1,037,096.63	\$1,707,753.36	\$15,777,219.9

Detail General Ledger Report

G/L Date Range 01/01/16 - 02/29/16
 Exclude Sub Ledger Detail
 Exclude Accounts with No Activity

G/L Date	Journal Number	Journal Type	Sub Ledger	Description/Project	Source	Reference	Debit Amount	Credit Amount	Actual Balance
G/L Account Number A 400.00 State&Federal,Social Services									
01/14/2016	2016-00000252	JE	RA	Revenue Collection Payment Post	Collections			Balance To Date: 30,458.00	\$2,042,260.40
01/22/2016	2016-00000335	JE	RA	Revenue Collection Payment Post	Collections			17,501.00	2,011,802.40
01/28/2016	2016-00000440	JE	RA	Revenue Collection Payment Post	Collections			85,748.00	1,994,301.40
01/31/2016	2016-00000534	JE	RA	Revenue Collection Payment Post	Collections		409.00		1,908,553.40
01/31/2016	2016-00000534	JE	RA	Revenue Collection Payment Post	Collections			364,760.00	1,908,144.40
01/31/2016	2016-00000534	JE	RA	Revenue Collection Payment Post	Collections			416,104.00	1,543,384.40
Month January 2016 Totals									
02/09/2016	2016-00000583	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	\$914,980.00	\$1,127,280.40
02/09/2016	2016-00000583	JE	RA	Revenue Collection Payment Post	Collections			114,843.00	1,012,437.40
02/29/2016	2016-00000860	JE	RA	Revenue Collection Payment Post	Collections			954.00	1,011,483.40
02/29/2016	2016-00000860	JE	RA	Revenue Collection Payment Post	Collections			429,941.00	581,542.40
02/29/2016	2016-00000860	JE	RA	Revenue Collection Payment Post	Collections			6,830.00	574,712.40
02/29/2016	2016-00000860	JE	RA	Revenue Collection Payment Post	Collections			98,794.00	475,918.40
02/29/2016	2016-00000860	JE	RA	Revenue Collection Payment Post	Collections			55,379.00	420,539.40

Account	Month	Actual Balance
State&Federal,Social Services Totals	January 2016	\$420,539.40
Fund General Totals	January 2016	\$420,539.40
Grand Totals	January 2016	\$420,539.40

LOCAL/Cash Book
 TOTAL Revenue
 Jan/Feb 2016
 86,032.36
 1,707,753.36

Detail General Ledger Report

G/L Date Range 01/01/16 - 02/29/16
 Exclude Sub Ledger Detail
 Exclude Accounts with No Activity

G/L Date	Journal Number	Journal Type	Sub Ledger	Description/Project	Source	Reference	Debit Amount	Credit Amount	Actual Balance
02/12/2016	A.6010 1810 Administration	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	Balance To Date: 15.75	\$0.00 (15.75)
02/12/2016	2016-00000747	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	1,121.78	(1,137.53)
Month February 2016 Totals Account Administration Totals Balance To Date: \$1,137.53 (\$1,137.53)									
02/04/2016	A.6010 1811 Medical Incentive Earning	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	Balance To Date: 154.36	\$0.00 (154.36)
02/12/2016	2016-00000747	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	4,330.00	(4,484.36)
Month February 2016 Totals Account Medical Incentive Earning Totals Balance To Date: \$4,484.36 (\$4,484.36)									
01/26/2016	A.6030 1830 Repay - Adult Care, Pub Inst	JE	AP	A/P Invoice Entry	Accounts Payable		1,405.00	Balance To Date:	\$0.00 1,405.00
01/29/2016	2016-00000481	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	16,749.30	(15,344.30)
Month January 2016 Totals Accounts Payable Totals Balance To Date: \$16,749.30 (\$15,344.30)									
02/25/2016	2016-00000717	JE	AP	A/P Invoice Entry	Accounts Payable		1,318.00	Balance To Date:	\$0.00 1,405.00
02/29/2016	2016-00000876	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	15,344.30	(29,370.60)
Month February 2016 Totals Account Repay - Adult Care, Pub Inst Totals Department Countryside Adult Home Totals Balance To Date: \$32,093.60 (\$29,370.60)									
01/22/2016	A.6055 1855 Repayments of Day Care	JE	AP	A/P Invoice Entry	Accounts Payable		80.00	Balance To Date:	\$0.00 (80.00)
01/22/2016	2016-00000312	JE	AP	A/P Invoice Entry	Accounts Payable		\$0.00	\$80.00	(80.00)
Month January 2016 Totals Account Repayments of Day Care Totals Department Daycare Totals Balance To Date: \$80.00 (\$80.00)									
02/12/2016	A.6101 1801 Repay of Medical Assist	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	Balance To Date: 7,379.25	\$0.00 (7,379.25)
02/12/2016	2016-00000747	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	7,379.25	(7,379.25)
Month February 2016 Totals Account Repay of Medical Assist Totals Department Medical Assistance Totals Balance To Date: \$7,379.25 (\$7,379.25)									
02/12/2016	A.6109 1809 Repay of Aid to A.D.C.	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	Balance To Date: 12,565.59	\$0.00 (12,565.59)
02/12/2016	2016-00000747	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	12,565.59	(12,565.59)

Detail General Ledger Report

G/L Date Range 01/01/16 - 02/29/16
 Exclude Sub Ledger Detail
 Exclude Accounts with No Activity

G/L Date	Journal Number	Journal	Journal Type	Sub Ledger	Description/Project	Source	Reference	Debit Amount	Credit Amount	Actual Balance
G/L Account Number	A.6109	1809	Repay of Aid to A.D.C.							
02/12/2016	2016-00000747		JE	RA	Revenue Collection Payment	Collections			Balance To Date:	\$0.00
					Post				60.00	(12,625.59)
02/12/2016	2016-00000747		JE	RA	Revenue Collection Payment	Collections			3,777.68	(16,403.27)
					Post					
Month February 2016 Totals Account Repay of Aid to A.D.C. Totals Department Aid To Dependent Children Totals										
G/L Account Number	A.6119	1819	Repay of Child Care							
02/12/2016	2016-00000747		JE	RA	Revenue Collection Payment	Collections			Balance To Date:	\$0.00
					Post				3,345.37	(3,345.37)
Month February 2016 Totals Account Repay of Child Care Totals Department Child Care Totals										
G/L Account Number	A.6140	1840	Repay of Home Relief							
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			Balance To Date:	\$0.00
					Post				23.00	(23.00)
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			23.00	(46.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			87.00	(133.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			87.00	(220.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			87.00	(307.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			87.00	(394.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			87.00	(481.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			87.00	(568.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			87.00	(655.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			23.00	(678.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			23.00	(701.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			23.00	(724.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			23.00	(747.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			23.00	(770.00)
					Post					
01/06/2016	2016-00000113		JE	RA	Revenue Collection Payment	Collections			23.00	(793.00)
					Post					

LOCAL Revenue

Detail General Ledger Report

G/L Date Range 01/01/16 - 02/29/16
 Exclude Sub Ledger Detail
 Exclude Accounts with No Activity

G/L Date	Journal Number	Journal Type	Sub Ledger	Description/Project	Source	Reference	Debit Amount	Credit Amount	Actual Balance
G/L Account Number A.6140 1840 Repay of Home Relief									
01/06/2016	2016-00000113	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	Balance To Date: 23.00	\$0.00
01/06/2016	2016-00000113	JE	RA	Revenue Collection Payment Post	Collections			23.00	(816.00)
01/06/2016	2016-00000113	JE	RA	Revenue Collection Payment Post	Collections			23.00	(839.00)
01/06/2016	2016-00000113	JE	RA	Revenue Collection Payment Post	Collections			23.00	(862.00)
01/08/2016	2016-00000185	JE	RA	Revenue Collection Payment Post	Collections			23.00	(885.00)
								10,310.55	(11,195.55)
Month January 2016 Totals									
02/03/2016	2016-00000506	JE	RA	Revenue Collection Payment Post	Collections		\$0.00	\$11,195.55	(\$11,195.55)
02/11/2016	2016-00000586	JE	RA	Revenue Collection Payment Post	Collections			1,229.00	(12,424.55)
02/11/2016	2016-00000586	JE	RA	Revenue Collection Payment Post	Collections			941.50	(13,366.05)
02/12/2016	2016-00000747	JE	RA	Revenue Collection Payment Post	Collections			4,093.67	(17,459.72)
02/25/2016	2016-00000754	JE	RA	Revenue Collection Payment Post	Collections			1,076.21	(18,535.93)
								1,253.05	(19,788.98)
Month February 2016 Totals									
Account Repay of Home Relief Totals									
							\$0.00	\$19,788.98	(\$19,788.98)
Department Home Relief Totals									
							\$0.00	\$19,788.98	(\$19,788.98)
								Balance To Date: 1,320.00	\$0.00
									(1,320.00)
Month February 2016 Totals									
Account Youth - Alive at 25 Totals									
							\$0.00	\$1,320.00	(\$1,320.00)
Department Youth Bureau Totals									
							\$0.00	\$1,320.00	(\$1,320.00)
							\$2,723.00	\$86,032.36	
							\$2,723.00	\$86,032.36	
									Grand Totals

Expense Budget Performance Report

Fiscal Year to Date 02/29/16

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 6010 - Social Services										
EXPENSE										
Personal Services										
110	Salaries - Regular	5,071,844.00	.00	5,071,844.00	374,230.34	.00	671,444.03	4,400,399.97	13	4,752,816.01
120	Salaries - Overtime	49,222.00	.00	49,222.00	3,746.52	.00	7,051.15	42,170.85	14	45,594.42
130	Salaries - Part Time	26,755.00	.00	26,755.00	9,451.54	.00	16,708.10	10,046.90	62	67,859.79
	Personal Services Totals	\$5,147,821.00	\$0.00	\$5,147,821.00	\$387,428.40	\$0.00	\$695,203.28	\$4,452,617.72	14%	\$4,866,270.22
Equipment										
210	Furniture/Furnishings	.00	2,666.00	2,666.00	1,155.00	471.50	2,194.50	.00	100	1,472.64
220	Office Equipment	15,000.00	.00	15,000.00	482.10	.00	482.10	14,517.90	3	39,923.51
230	Automotive Equipment	.00	.00	.00	.00	.00	.00	.00	+++	229.98
	Equipment Totals	\$15,000.00	\$2,666.00	\$17,666.00	\$1,637.10	\$471.50	\$2,676.60	\$14,517.90	18%	\$41,626.13
Contractual Expense										
410	Supplies	52,000.00	.00	52,000.00	3,527.83	6,384.47	5,146.62	40,468.91	22	56,658.67
411	Rent-Building/Property	564,547.00	.00	564,547.00	94,091.16	.00	141,136.74	423,410.26	25	564,546.94
418	Ins-General Liability	39,147.00	.00	39,147.00	.00	.00	37,101.18	2,045.82	95	37,640.48
422	Repair/Maint-Equipment	200.00	.00	200.00	.00	.00	.00	200.00	0	.00
423	Telephone	20,000.00	.00	20,000.00	1,542.18	.00	2,246.81	17,753.19	11	19,128.31
424	Postage	30,000.00	.00	30,000.00	2,646.86	.00	3,346.86	26,653.14	11	33,414.73
426	Subscriptions	500.00	.00	500.00	.00	.00	.00	500.00	0	406.64
427	Memberships & Dues	5,000.00	.00	5,000.00	.00	.00	4,411.00	589.00	88	4,498.00
428	Data Processing & Internet Fees	3,800.00	3,300.00	7,100.00	609.00	3,025.00	609.00	3,466.00	51	3,825.85
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	.00	95,000.00	0	95,000.00
435	Medical Fees	.00	2,000.00	2,000.00	267.18	.00	537.18	1,462.82	27	(688.10)
436	Advertising Fees	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	387.14
437	Consulting Fees	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	.00
439	Misc Fees & Expenses	5,000.00	.00	5,000.00	343.09	.00	459.15	4,540.85	9	5,044.09
440	Legal/Transcript Fees	7,000.00	.00	7,000.00	.00	.00	.00	7,000.00	0	9,380.85
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	.00	.00	441.46	9,558.54	4	4,818.38
442	Automotive - Gas & Oil	12,000.00	.00	12,000.00	419.21	.00	419.21	11,580.79	3	6,567.04
444	Travel/Education/Conference	17,000.00	(2,000.00)	15,000.00	2,520.59	692.50	2,732.61	11,574.89	23	7,975.99
469	Other Payments/Contributions	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	800.00
470	Contract	355,000.00	(3,300.00)	351,700.00	4,295.00	15,799.98	4,477.00	331,423.02	6	276,451.60
	Contractual Expense Totals	\$1,224,194.00	\$0.00	\$1,224,194.00	\$110,262.10	\$75,901.95	\$203,064.82	\$995,227.23	19%	\$1,125,856.61
Employee Benefits										
810	Retirement	741,451.00	.00	741,451.00	61,936.62	.00	123,179.19	618,271.81	17	785,796.06
830	Social Security	319,157.00	.00	319,157.00	22,518.68	.00	40,415.75	278,741.25	13	284,756.04
831	Medical Contribution	74,645.00	.00	74,645.00	5,266.54	.00	9,452.12	65,192.88	13	66,595.97
860	Hospitalization	1,426,775.00	.00	1,426,775.00	116,260.40	.00	232,381.34	1,194,393.66	16	1,461,861.90
865	Dental Insurance	22,344.00	.00	22,344.00	1,824.00	.00	3,624.00	18,720.00	16	21,386.00

Expense Budget Performance Report

Fiscal Year to Date 02/29/16

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 6010 - Social Services											
EXPENSE											
<i>Other Benefits</i>											
840	Workmen's Compensation	52,685.00	.00	52,685.00	.00	.00	52,684.54	.46	37,000.00	100	57,478.01
850	Unemployment Insurance	37,000.00	.00	37,000.00	.00	.00	.00	.00	5,000.00	0	2,248.55
855	Disability	5,000.00	.00	5,000.00	.00	.00	.00	.00	5,000.00	0	6,853.97
861	Retirees Hospitalization	401,816.00	.00	401,816.00	61,545.05	.00	61,545.05	340,270.95	340,270.95	15	377,594.48
<i>Other Benefits Totals</i>		\$496,501.00	\$0.00	\$496,501.00	\$61,545.05	\$0.00	\$114,229.59	\$382,271.41	\$382,271.41	23%	\$444,175.01
EXPENSE TOTALS		\$9,467,888.00	\$2,666.00	\$9,470,554.00	\$768,678.89	\$26,373.45	\$1,424,226.69	\$8,019,953.86	\$8,019,953.86	15%	\$9,098,323.94
Department 6010 - Social Services Totals		(\$9,467,888.00)	(\$2,666.00)	(\$9,470,554.00)	(\$768,678.89)	(\$26,373.45)	(\$1,424,226.69)	(\$8,019,953.86)	(\$8,019,953.86)	15%	(\$9,098,323.94)
Department 6030 - Countryside Adult Home											
EXPENSE											
<i>Personal Services</i>											
110	Salaries - Regular	674,222.00	.00	674,222.00	47,660.06	.00	47,660.06	587,793.23	587,793.23	13	631,936.80
120	Salaries - Overtime	31,000.00	.00	31,000.00	2,044.39	.00	2,044.39	24,749.82	24,749.82	20	22,364.94
130	Salaries - Part Time	168,786.00	.00	168,786.00	13,805.04	.00	13,805.04	142,882.00	142,882.00	15	152,048.87
<i>Personal Services Totals</i>		\$874,008.00	\$0.00	\$874,008.00	\$63,509.49	\$0.00	\$118,582.95	\$755,425.05	\$755,425.05	14%	\$806,350.61
<i>Equipment</i>											
210	Furniture/Furnishings	5,300.00	.00	5,300.00	321.88	.00	321.88	4,978.12	4,978.12	6	6,281.11
260	Other Equipment	1,100.00	.00	1,100.00	.00	.00	.00	1,100.00	1,100.00	0	2,345.32
270	Lawn & Landscaping	200.00	.00	200.00	.00	.00	.00	200.00	200.00	0	.00
<i>Equipment Totals</i>		\$6,600.00	\$0.00	\$6,600.00	\$321.88	\$0.00	\$321.88	\$6,278.12	\$6,278.12	5%	\$8,626.43
<i>Contractual Expense</i>											
410	Supplies	31,000.00	.00	31,000.00	1,381.11	18,958.44	1,556.71	10,484.85	10,484.85	66	26,723.89
413	Repair & Maint.-Bldg/Property	35,000.00	9,972.00	44,972.00	11,449.31	8,271.29	12,408.21	24,292.50	24,292.50	46	23,933.51
415	Electricity	28,000.00	.00	28,000.00	2,886.31	.00	2,886.31	25,113.69	25,113.69	10	26,109.15
416	Oil & Gas-Heating	43,000.00	.00	43,000.00	4,502.84	1,044.40	4,579.36	37,376.24	37,376.24	13	27,250.95
418	Ins-General Liability	9,427.00	.00	9,427.00	.00	.82	9,138.18	288.00	288.00	97	8,637.87
422	Repair/Maint-Equipment	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	1,000.00	0	1,315.46
423	Telephone	3,000.00	.00	3,000.00	325.55	.00	345.07	2,654.93	2,654.93	12	2,550.77
424	Postage	700.00	.00	700.00	15.39	.00	15.39	684.61	684.61	2	169.24
426	Subscriptions	270.00	6.00	276.00	275.81	.00	275.81	.19	.19	100	265.20
428	Data Processing & Internet Fees	1,250.00	.00	1,250.00	94.96	970.08	189.92	90.00	90.00	93	1,143.81
432	Special Project Supply	2,000.00	(6.00)	1,994.00	.00	.00	.00	1,994.00	1,994.00	0	337.85
434	Allowances	21,800.00	.00	21,800.00	1,300.00	.00	2,450.00	19,350.00	19,350.00	11	15,850.00
435	Medical Fees	3,200.00	.00	3,200.00	.00	.00	.00	3,200.00	3,200.00	0	2,386.00
436	Advertising Fees	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	2,000.00	0	.00
437	Consulting Fees	15,000.00	.00	15,000.00	1,143.71	12,372.58	2,627.42	.00	.00	100	15,768.09
439	Misc Fees & Expenses	2,000.00	.00	2,000.00	25.00	.00	25.00	1,975.00	1,975.00	1	808.80

Expense Budget Performance Report

Fiscal Year to Date 02/29/16

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund A - General										
Department 6030 - Countryside Adult Home										
EXPENSE										
Contractual Expense										
440	Legal/Transcript Fees	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	.00
441	Auto-Supplies & Repair	3,000.00	.00	3,000.00	3.84	.00	3.84	2,996.16	0	2,431.58
442	Automotive - Gas & Oil	2,600.00	.00	2,600.00	89.84	.00	89.84	2,510.16	3	1,447.94
444	Travel/Education/Conference	1,500.00	.00	1,500.00	.00	.00	.00	1,500.00	0	1,666.39
445	Foods	119,500.00	.00	119,500.00	9,018.49	23,769.23	11,512.08	84,218.69	30	101,903.93
451	Medical Supply Expense	6,000.00	.00	6,000.00	139.69	1,200.00	139.69	4,660.31	22	2,752.96
453	Uniforms & Clothing	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	35,000.00	.00	35,000.00	1,822.15	5,301.70	2,698.30	27,000.00	23	28,404.15
Contractual Expense Totals		\$367,347.00	\$9,972.00	\$377,319.00	\$34,474.00	\$71,888.54	\$50,941.13	\$254,489.33	33%	\$291,857.54
Employee Benefits										
810	Retirement	116,072.00	.00	116,072.00	9,331.34	.00	18,878.84	97,193.16	16	118,412.37
830	Social Security	54,189.00	.00	54,189.00	3,717.89	.00	6,945.49	47,243.51	13	47,141.17
831	Medicare Contribution	12,675.00	.00	12,675.00	869.52	.00	1,624.35	11,050.65	13	11,024.94
860	Hospitalization	236,231.00	.00	236,231.00	18,125.22	.00	36,250.44	199,980.56	15	248,026.82
865	Dental Insurance	3,984.00	.00	3,984.00	280.00	.00	560.00	3,424.00	14	3,974.00
Employee Benefits Totals		\$423,151.00	\$0.00	\$423,151.00	\$32,323.97	\$0.00	\$64,259.12	\$358,891.88	15%	\$428,579.30
Other Benefits										
840	Workmen's Compensation	5,020.00	.00	5,020.00	.00	.00	5,019.93	.07	100	5,040.64
850	Unemployment Insurance	6,300.00	.00	6,300.00	.00	.00	.00	6,300.00	0	758.00
855	Disability	3,801.00	.00	3,801.00	.00	.00	.00	3,801.00	0	1,021.11
861	Retirees Hospitalization	97,869.00	.00	97,869.00	16,445.74	.00	16,445.74	81,423.26	17	92,753.97
Other Benefits Totals		\$112,990.00	\$0.00	\$112,990.00	\$16,445.74	\$0.00	\$21,465.67	\$91,524.33	19%	\$99,573.72
EXPENSE TOTALS		\$1,784,096.00	\$9,972.00	\$1,794,068.00	\$147,075.08	\$71,888.54	\$255,570.75	\$1,466,608.71	18%	\$1,634,987.60
Department 6030 - Countryside Adult Home Totals		(\$9,972.00)	(\$1,794,068.00)	(\$71,888.54)	(\$147,075.08)	(\$71,888.54)	(\$255,570.75)	(\$1,466,608.71)	18%	(\$1,634,987.60)
Department 6050 - Public Facil. For Children										
EXPENSE										
Contractual Expense										
469	Other Payments/Contributions	20,000.00	.00	20,000.00	3,987.60	290.00	3,987.60	15,722.40	21	6,515.35
470	Contract	.00	.00	.00	.00	.00	.00	.00	+++	6,372.00
Contractual Expense Totals		\$20,000.00	\$0.00	\$20,000.00	\$3,987.60	\$290.00	\$3,987.60	\$15,722.40	21%	\$12,887.35
EXPENSE TOTALS		\$20,000.00	\$0.00	\$20,000.00	\$3,987.60	\$290.00	\$3,987.60	\$15,722.40	21%	\$12,887.35
Department 6050 - Public Facil. For Children Totals		(\$20,000.00)	\$0.00	(\$20,000.00)	(\$3,987.60)	(\$290.00)	(\$3,987.60)	(\$15,722.40)	21%	(\$12,887.35)
Department 6055 - Daycare										
EXPENSE										
Contractual Expense										
470	Contract	1,515,000.00	.00	1,515,000.00	89,230.38	.00	88,512.88	1,426,487.12	6	1,289,591.76
Contractual Expense Totals		\$1,515,000.00	\$0.00	\$1,515,000.00	\$89,230.38	\$0.00	\$88,512.88	\$1,426,487.12	6%	\$1,289,591.76

Expense Budget Performance Report

Fiscal Year to Date 02/29/16
 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											
EXPENSE TOTALS											
Department 6055 - Daycare		\$1,515,000.00	\$0.00	\$1,515,000.00	\$89,230.38	\$0.00	\$88,512.88	\$88,512.88	\$1,426,487.12	6%	\$1,289,591.76
Department 6070 - Services for Recipients		(\$1,515,000.00)	\$0.00	(\$1,515,000.00)	(\$89,230.38)	\$0.00	(\$88,512.88)	(\$88,512.88)	(\$1,426,487.12)	6%	(\$1,289,591.76)
EXPENSE											
Contractual Expense											
Contract		300,000.00	.00	300,000.00	(555.55)	.00	(497.26)	(497.26)	300,497.26	0	302,814.01
EXPENSE TOTALS											
Department 6070 - Services for Recipients		\$300,000.00	\$0.00	\$300,000.00	(\$555.55)	\$0.00	(\$497.26)	(\$497.26)	\$300,497.26	0%	\$302,814.01
Department 6100 - Medicaid		(\$300,000.00)	\$0.00	(\$300,000.00)	(\$555.55)	\$0.00	(\$497.26)	(\$497.26)	(\$300,497.26)	0%	(\$302,814.01)
EXPENSE											
Contractual Expense											
Contract		12,782,184.00	.00	12,782,184.00	1,137,710.00	.00	2,047,878.00	2,047,878.00	10,734,306.00	16	11,787,400.00
EXPENSE TOTALS											
Department 6100 - Medicaid		\$12,782,184.00	\$0.00	\$12,782,184.00	\$1,137,710.00	\$0.00	\$2,047,878.00	\$2,047,878.00	\$10,734,306.00	16%	\$11,787,400.00
Department 6101 - Medical Assistance		(\$12,782,184.00)	\$0.00	(\$12,782,184.00)	(\$1,137,710.00)	\$0.00	(\$2,047,878.00)	(\$2,047,878.00)	(\$10,734,306.00)	16%	(\$11,787,400.00)
EXPENSE											
Contractual Expense											
Contract		50,000.00	.00	50,000.00	.00	.00	.00	.00	50,000.00	0	4,071.76
EXPENSE TOTALS											
Department 6101 - Medical Assistance		\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00	0%	\$4,071.76
Department 6109 - Aid To Dependent Children		(\$50,000.00)	\$0.00	(\$50,000.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$50,000.00)	0%	(\$4,071.76)
EXPENSE											
Contractual Expense											
Contract		2,050,000.00	.00	2,050,000.00	165,418.19	.00	221,521.45	221,521.45	1,828,478.55	11	2,015,347.31
EXPENSE TOTALS											
Department 6109 - Aid To Dependent Children		\$2,050,000.00	\$0.00	\$2,050,000.00	\$165,418.19	\$0.00	\$221,521.45	\$221,521.45	\$1,828,478.55	11%	\$2,015,347.31
Department 6119 - Child Care		(\$2,050,000.00)	\$0.00	(\$2,050,000.00)	(\$165,418.19)	\$0.00	(\$221,521.45)	(\$221,521.45)	(\$1,828,478.55)	11%	(\$2,015,347.31)
EXPENSE											
Contractual Expense											
Contract		3,600,000.00	.00	3,600,000.00	244,642.14	.00	244,842.14	244,842.14	3,355,157.86	7	3,454,892.47
EXPENSE TOTALS											
Department 6119 - Child Care		\$3,600,000.00	\$0.00	\$3,600,000.00	\$244,642.14	\$0.00	\$244,842.14	\$244,842.14	\$3,355,157.86	7%	\$3,454,892.47
Department 6119 - Child Care		(\$3,600,000.00)	\$0.00	(\$3,600,000.00)	(\$244,642.14)	\$0.00	(\$244,842.14)	(\$244,842.14)	(\$3,355,157.86)	7%	(\$3,454,892.47)

Expense Budget Performance Report

Fiscal Year to Date 02/29/16

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 6140 - Home Relief										
	EXPENSE									
Contractual Expense										
470	Contract	1,200,000.00	.00	1,200,000.00	73,367.66	.00	102,456.62	1,097,543.38	9%	1,163,871.47
	<i>Contractual Expense Totals</i>	\$1,200,000.00	\$0.00	\$1,200,000.00	\$73,367.66	\$0.00	\$102,456.62	\$1,097,543.38	9%	\$1,163,871.47
	EXPENSE TOTALS	\$1,200,000.00	\$0.00	\$1,200,000.00	\$73,367.66	\$0.00	\$102,456.62	\$1,097,543.38	9%	\$1,163,871.47
Department 6140 - Home Relief										
	EXPENSE									
Contractual Expense										
470	Contract	30,000.00	.00	30,000.00	(400.00)	.00	23,338.00	6,662.00	78%	(946.11)
	<i>Contractual Expense Totals</i>	\$30,000.00	\$0.00	\$30,000.00	(\$400.00)	\$0.00	\$23,338.00	\$6,662.00	78%	(\$946.11)
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	(\$400.00)	\$0.00	\$23,338.00	\$6,662.00	78%	(\$946.11)
Department 6141 - Fuel Crisis Assistance										
	EXPENSE									
Contractual Expense										
470	Contract	40,000.00	.00	40,000.00	550.00	.00	1,275.00	38,725.00	3%	49,435.97
	<i>Contractual Expense Totals</i>	\$40,000.00	\$0.00	\$40,000.00	\$550.00	\$0.00	\$1,275.00	\$38,725.00	3%	\$49,435.97
	EXPENSE TOTALS	\$40,000.00	\$0.00	\$40,000.00	\$550.00	\$0.00	\$1,275.00	\$38,725.00	3%	\$49,435.97
Department 6142 - Emergency Aid For Adults										
	EXPENSE									
Contractual Expense										
470	Contract	25,000.00	.00	25,000.00	.00	.00	.00	25,000.00	0%	25,000.00
	<i>Contractual Expense Totals</i>	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00
Department 7310 - Youth Program 4-H Camp										
	EXPENSE									
Contractual Expense										
470	Contract	25,000.00	.00	25,000.00	.00	.00	.00	25,000.00	0%	25,000.00
	<i>Contractual Expense Totals</i>	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00
Department 7311 - Youth Bureau										
	EXPENSE									
Contractual Expense										
410	Supplies	100.00	.00	100.00	.00	.00	.00	100.00	0	99.39
423	Telephone	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
424	Postage	266.00	.00	266.00	8.53	.00	8.53	257.47	3	143.55
444	Travel/Education/Conference	150.00	.00	150.00	.00	.00	.00	150.00	0	.00
470	Contract	5,520.00	.00	5,520.00	.00	.00	.00	5,520.00	0	2,415.00
	<i>Contractual Expense Totals</i>	\$6,136.00	\$0.00	\$6,136.00	\$8.53	\$0.00	\$8.53	\$6,127.47	0%	\$2,657.94
	Other Benefits									
861	Retirees Hospitalization	13,484.00	.00	13,484.00	2,247.40	.00	2,247.40	11,236.60	17	13,292.20

Expense Budget Performance Report

Fiscal Year to Date 02/29/16
 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 7311 - Youth Bureau									
	EXPENSE									
	Other Benefits Totals	\$13,484.00	\$0.00	\$13,484.00	\$2,247.40	\$0.00	\$2,247.40	\$11,236.60	17%	\$13,292.20
	EXPENSE TOTALS	\$19,620.00	\$0.00	\$19,620.00	\$2,255.93	\$0.00	\$2,255.93	\$17,364.07	11%	\$15,950.14
	Department 7311 - Youth Bureau Totals	(\$19,620.00)	\$0.00	(\$19,620.00)	(\$2,255.93)	\$0.00	(\$2,255.93)	(\$17,364.07)	11%	(\$15,950.14)
	Department 7312 - Special Delinquency Prev.									
	EXPENSE									
	Contractual Expense									
410	Supplies	190.00	.00	190.00	.00	.00	.00	190.00	0	191.98
424	Postage	100.00	.00	100.00	1.09	.00	1.09	98.91	1	14.50
427	Memberships & Dues	225.00	.00	225.00	.00	.00	.00	225.00	0	226.00
470	Contract	28,885.00	.00	28,885.00	.00	5,311.00	.00	23,574.00	18	28,885.00
	Contractual Expense Totals	\$29,400.00	\$0.00	\$29,400.00	\$1.09	\$5,311.00	\$1.09	\$24,087.91	18%	\$29,317.48
	EXPENSE TOTALS	\$29,400.00	\$0.00	\$29,400.00	\$1.09	\$5,311.00	\$1.09	\$24,087.91	18%	\$29,317.48
	Department 7312 - Special Delinquency Prev. Totals	(\$29,400.00)	\$0.00	(\$29,400.00)	(\$1.09)	(\$5,311.00)	(\$1.09)	(\$24,087.91)	18%	(\$29,317.48)
	Department 7313 - Youth Court									
	EXPENSE									
	Contractual Expense									
470	Contract	68,820.00	.00	68,820.00	.00	68,820.00	.00	.00	100	50,875.00
	Contractual Expense Totals	\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$0.00	100%	\$50,875.00
	EXPENSE TOTALS	\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$0.00	100%	\$50,875.00
	Department 7313 - Youth Court Totals	(\$68,820.00)	\$0.00	(\$68,820.00)	\$0.00	(\$68,820.00)	\$0.00	\$0.00	100%	(\$50,875.00)
	Fund A - General Totals	\$32,982,008.00	\$12,638.00	\$32,994,646.00	\$2,631,961.41	\$172,682.99	\$4,415,368.89	\$28,406,594.12		\$30,933,820.15
	Grand Totals	\$32,982,008.00	\$12,638.00	\$32,994,646.00	\$2,631,961.41	\$172,682.99	\$4,415,368.89	\$28,406,594.12		\$30,933,820.15

Social Services - Overtime Report - Comparison 2015/2016

Week End	2015 OT	2016 OT	Reason	CPS (After Hrs/OnCall)	Foster Care	APS/CASA	Preventive	Medicaid	Chronic Care	Training	CPS
01/10/16	57.00	80.71	CPS-Notes, Case review, assess/CC-backlog/FC-transport/Prev-child place	50.36	1.40		1.00		5.00		22.95
01/24/16	32.98	39.18	CPS-Hosp visit, coverage/FC-Parent training	27.52	8.86					1.00	1.80
02/07/16	67.93	58.92	CPS-Removal, Court/FC-Transport, Parent Training, Placement	41.97	11.20					1.00	4.75
02/21/16	47.28	55.29	CPS-NR, HV, backlog, court/FC- Court, transport	38.84	2.70						13.75
03/06/16	78.99	29.72	CPS-NR, Assessment/FC-Court, service planning	26.12	1.40					1.50	0.70
03/20/16	105.28										
04/03/16	49.89										
04/17/16	47.75										
05/01/16	42.37										
05/15/16	57.67										
05/29/16	66.32										
06/12/16	59.68										
06/26/16	48.45										
07/10/16	28.04										
07/24/16	33.81										
08/07/16	49.68										
08/21/16	30.34										
09/04/16	43.40										
09/18/16	31.70										
10/02/16	50.92										
10/16/16	37.82										
10/30/16	21.90										
11/13/16	75.57										
11/27/16	65.42										
12/11/15	130.82										
12/25/15	81.51										
Totals	1442.52	263.82		184.81	25.56	0.00	1.00	0.00	5.00	3.50	43.95

