

**Social Services Committee**  
**Warren County Department of Social Services**  
**AGENDA**  
**June 1, 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:**

Notice of Intent to Fill Caseworker #29 position in the Child Protective Services Unit, Salary \$39,797, Grade 16, Step 0, due to termination effective 4/25/16.

**Please see Attachment #1**

Rationale: This is a mandated position.

**2. Resolution Request:**

Notice of Intent to Fill Social Welfare Examiner #39 position in the Community Medicaid Unit, Salary \$34,493, Grade 8, Step 4, due to resignation effective 4/29/16.

**Please see Attachment #2**

Rationale: This is a mandated position.

**3. Resolution Request:**

Notice of Intent to Fill (HEAP) Intake Clerk position in the Reception Unit, Salary \$31,697, Grade 4, Step 8, due to retirement effective 5/11/16.

**Please see Attachment #3**

Rationale: This is a mandated position.

**4. Resolution Request:**

Notice of Intent to Fill Resource Clerk #3 position in the Resource & Recovery Unit, Salary \$34,270, Grade 4, Step 11, due to retirement effective 6/29/16.

**Please see Attachment #4**

Rationale: This is a mandated position.

**5. Resolution Request:**

Request permission for 2 Unit Supervisors to attend the NYSSILR Cornell Supervisory Training May 11 - 12, 2016 May 18 - 19, and June 22 - 23, 2016.

**Please see Attachment #5**

Rationale: Completion of this training series provides a Supervisory Certificate.

**6. Resolution Request:**

Request permission for three new Caseworkers to attend CPS Foundations training in Albany, NY from June 27-30, and July 12-15, 2016.

**Please see Attachment #6**

Rationale: This is a mandatory training.

**7. Resolution Request:**

Request permission for 3 new Caseworkers to attend CPS Response Training in Albany, NY from July 25-29 and August 8-12, 2016.

**Please see Attachment #7**

Rationale: This is a mandatory training.

**8. Resolution Request:**

Request permission for 2 Fraud Investigators to attend the Annual New York Welfare Fraud Investigator's Association Conference in Lake Placid, NY from June 6 to 8, 2016.

**Please see Attachment #8**

Rationale: This is a mandatory training.

**9. Resolution Request:**

Request permission for 2 Caseworkers to attend Sexual Abuse Dynamics & Intervention Training at the Rensselaer County Department of Social Services, from June 22 – 24, 2016.

**Please see Attachment #9**

Rationale: This is a mandatory training.

IV. Pending Item

There are no pending items.

V. Information for Discussion/Review

1. Countryside Adult Home – Deanna Park

2. Monthly Revenue & Expenditures and Overtime Report – Julie Montero, Fiscal Manager

**Please see Attachment #10**

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

VII. Motion to Adjourn

**Attachments:**

1. Notice of Intent to Fill Caseworker #35
2. Notice of Intent to Fill SWE #39
3. Notice of Intent to Fill Intake Clerk (HEAP)
4. Notice of Intent to Fill Resource Clerk #3
5. Request for Training: NYSSILR Cornell May & June
6. Request for Training: CPS Foundations Training
7. Request for Training: CPS Response Training
8. Request for Training: NYWFIA
9. Request for Training: Sexual Abuse Dynamics Intervention
10. Monthly Revenue & Expenditures and Overtime Reports

# 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 #29**

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

Grade: **16** ✓

Filling at Step # (If Known): **0**

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

Employee No.: **12774 (A-26-16)** 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 PCN

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. AP 5-16-16

### 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 [Signature]

Date 5/17/16

### 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 [Signature]

Date 5/17/16

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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]

Date June 1, 2014

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: SOC WELF EXAMNR #39 Base Salary of Position: \$32,238 Grade: 8
Filling at Step # (If Known): 0 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
Employee No.: 12083 (4-30-16) 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. 5-11-16

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 [Signature] Date 5/17/16

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 [Signature] Date 5/17/16

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Human & Social Services
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] Date June 1, 2016

# 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: **40.12**  
Title of Position: **INTAKE CLERK** Base Salary of Position: **\$27,027** Grade: **4**  
Filling at Step # (If Known): **0** 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  
Employee No.: **11374 (5-11-16)** 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 RON

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. AP 5-16-16

### 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. M. [Signature] Date 5/17/16

### 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 5/17/16

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

- 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] Date June/2016

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: 40.00
Title of Position: RESOURCE CLERK #3 Base Salary of Position: \$27,027' Grade: 04'
Filling at Step # (If Known): 0 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: [X] Retirement [ ] Resignation [ ] Termination [ ] Promotion [ ] Other
Employee No.: 10923 (u-30-16) 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 PAN
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. AF 5-16-16

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature W. B. Angles Date 5/17/16

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 5/17/16

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[X] 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] Date June 1, 2016

SCHEDULE "A"  
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

ATTACHMENT #5

Check one:

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

MAY TRAINING

The Social Services Committee hereby authorizes Diane Coughlin and Karen Whitted  
(Supervisory Committee) (Employee Name)

to attend NYSSILR Series: Manager As Facilitator Training  
(Name of meeting or organization)

at Hampton Inn, 1442 Western Ave., Albany, NY 12203  
(Address)

on May 11-12 and 18-19, 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 \$ 57.50 GSA \* Rate \$ \_\_\_\_\_
- Meal costs - GSA \* per diem rate \$ \_\_\_\_\_

\*www.gsa.gov

Date: 5/25/16

Maureen Schmidt

Department Head Signature

Date: 6/1/16

[Signature]

Committee Chairman Signature

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

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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)
Diane Coughlin	Manager as Facilitator	5/11-5/12, 5/18-5/19/16
Karen Whitted		

Cost of Training/Person - \$14/day	\$	56.00
# of staff attending		2
	\$	<b>112.00</b>

Overnight	Commuting				
# of miles/1 way	<u>50</u>	<u>50</u>			
X # trips	<u>4</u>	<u>8</u>			
Total # of miles	200	400	X	Fleet Car - .25	
				Overnight	\$ 50.00
				Commute	\$ 100.00

**Estimated Overtime**

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>55,424</u>	26.65	39.97	<u>4</u>	159.88		
#2	<u>48,167</u>	23.16	34.74	<u>4</u>	138.94	Commuting OT	\$ 298.82

	# of hrs	Total OT		
#1	<u>          </u>	0.00		
#2	<u>          </u>	0.00	Overnight OT	\$ -

Hotel	# of Staff	Rate/night	Total Hotel Expense
2 nights	2	\$ 57.50	\$ 230.00

**Totals**

Fleet Car + Training + Hotel + OT	\$	392.00
Fleet Car + Training + OT	\$	510.82

Manager as Facilitator: Email Announcement To: [joanne.collins@dfa.state.ny.us](mailto:joanne.collins@dfa.state.ny.us)

[Send Email](#)

**Course:** Manager as Facilitator  
**Class Status:** Training Full  
**No. Nominated:** 15  
**Attachments:** [Form.pdf](#) [TravelandAccommodations.pdf](#)  
**Provider:** Cornell - NYSSILR  
**Date:** 05/11/2016 - 05/12/2016 , 5/18<sup>and</sup> - 5/19/16  
**Time(s):** Day 1: 9:00am - 4:00pm , Day 2: 9:00am - 4:00pm  
**Location:** Hampton Inn (Formerly Holiday Inn Express)  
 1442 Western Avenue Albany, NY 12203-0000 [find on map](#)  
**Lodging:** Hampton Inn (Formerly Holiday Inn Express) 1442 Western Avenue Albany 12203-0000  
**Deadline:** 04/27/2016  
 Part 1 of 2 [show all parts](#)

**Course Description:**

This four-day course provides managers with skills needed to elicit the best ideas and performance from others. Managers will learn effective facilitation and consulting methods while practicing these methods and facilitation on real organizational problems. In addition to learning problem solving and conflict resolution methods, participants will practice facilitating a difficult meeting they will soon be encountering. Extensive feedback will be provided. They will also learn an effective method to assist in determining when and how to involve others in decision-making. This course is part of the NYS OTDA/Cornell University Human Services Leadership Institute Certificate Program. To obtain the certificate, it is necessary to complete the Manager as Facilitator, Emotional Intelligence, Performance Measures and Skills for Organizational Consulting courses, as well as two other HSLI courses.

**Class Description:**

Same as Course Description

**Region:** 4

**Target Population:**

Managers

**Course Prerequisites:**

**Course Content:** Management Practices

**Pre-Registration Required:** yes

**Reimbursement:** Mileage & Hotel

**Class Fees:** Fees will be charged

**Meets CPS Requirement:** no

**Trainer(s):**

**Additional Information:** Resending Announcement with updated Travel and Accommodations. Room rate has changed for 2016 Also as a reminder, if classes are full and you wish to wait list someone, please email Marcia Callichia at [mc64@cornell.edu](mailto:mc64@cornell.edu). She will maintain the waitlists. Many of the courses will be repeated in the Fall.

**Directions:**

FROM THE NYS THRUWAY (I-90) Exit 24 (Albany Exit) to US 20 (Western Avenue). Follow signs to US 20. At the end, make a left. Hotel is ½ mile on the right. FROM THE EAST I-90 West to Western Avenue (US 20) at Western Avenue make a left. Hotel is ½ mile on the right. FROM THE NORTH I-87S (the Northway) to end, make a left onto Western Avenue (US 20). Hotel is ½ mile on the right.

**For Additional Course Information Contact:**

Mary Keane

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**JUNE TRAINING**

Check one:

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

The Social Services Committee hereby authorizes Diane Coughlin  
 \_\_\_\_\_  
 (Supervisory Committee) (Employee Name)

to attend NYSSILR Cornell Series: Working With People: Emotional Intelligence  
 \_\_\_\_\_  
 (Name of meeting or organization)

at Hampton Inn, 1442 Western Ave., Albany, NY 12203  
 \_\_\_\_\_  
 (Address)

on June 22 & 23, 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 \$ 57.50 GSA \* Rate \$ \_\_\_\_\_
- Meal costs - GSA \* per diem rate \$ \_\_\_\_\_

\* [www.gsa.gov](http://www.gsa.gov)

Date: 5/25/16 \_\_\_\_\_  
 \_\_\_\_\_  
 Department Head Signature

Date: 6/1/16 \_\_\_\_\_  
 \_\_\_\_\_  
 Committee Chairman Signature

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

\*\*\*\*\*  
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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*  
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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**

Diane Coughlin

**Training**

**Working with People: Emotional  
Intelligence in the Workplace**

**Date(s)**

6/22-6/23/16

Cost of Training/Person - \$14/day	\$	28.00
# of staff attending		<u>1</u>
	\$	28.00

<b>Overnight</b>		<b>Commuting</b>
# of miles/1 way	<u>50</u>	<u>50</u>
X # trips	<u>2</u>	<u>4</u>
Total # of miles	100	200

Fleet Car - .25		
X	Overnight	\$ 25.00
	Commute	\$ 50.00

**Estimated Overtime**

					<b>Commuting</b>
	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>55,424</u>	26.65	39.97	<u>2</u>	79.94
#2	<u>          </u>	0.00	0.00	<u>          </u>	0.00
	<u>          </u>				
	<u>          </u>				

Commuting OT \$ 79.94

					<b>Overnight</b>
				# of hrs	Total OT
#1				<u>          </u>	0.00
#2				<u>          </u>	0.00

Overnight OT \$ -

<b>Hotel</b>	<b># of Staff</b>	<b>Rate/night</b>	<b>Total Hotel Expense</b>
2 nights	1	\$ 57.50	\$ 57.50

**Totals**

Fleet Car + Training + Hotel + OT	\$	110.50
Fleet Car + Training + OT	\$	157.94

Working with People: Emotional Intelligence in the Workplace: Email Announcement To:

joanne.collins@dfa.state.ny.us

Send Email

**Course:** Working with People: Emotional Intelligence in the Workplace  
**Class Status:** Training Full  
**No. Nominated:** 24  
**Attachments:** [TravelandAccommodations.pdf](#)  
**Provider:** Cornell - NYSSILR  
**Date:** 06/22/2016 - 06/23/2016  
**Time(s):** Day 1: 9:00am - 4:00pm , Day 2: 9:00am - 4:00pm  
**Location:** Hampton Inn (Formerly Holiday Inn Express)  
 1442 Western Avenue Albany, NY 12203-0000 [find on map](#)  
**Lodging:** Hampton Inn (Formerly Holiday Inn Express) 1442 Western Avenue Albany 12203-0000  
**Deadline:** 06/09/2016  
**Not part of a Multipart Course**

**Course Description:**

This two-day course focuses on effective methods and strategies for handling difficult people problems. Working with results of the latest research, managers will learn practical methods to enhance their skills in conducting difficult conversations and in handling challenging personality types, such as the passive-aggressive employee/manager and the narcissist. Participants will work with a variety of case examples and will be provided opportunities to analyze their own work situations. A section on working with difficult executive teams is included. This course is part of the NYS OTDA/Cornell University Human Services Leadership Institute Certificate Program. To obtain the certificate, it is necessary to complete the Manager as Facilitator, Emotional Intelligence, Performance Measures and Skills for Organizational Consulting courses, as well as two other HSLI courses.

**Class Description:**

Same as Course Description

**Region:** 4

**Target Population:**

Managers

**Course Prerequisites:**

**Course Content:** Management Practices

**Pre-Registration Required:** yes

**Reimbursement:** Mileage & Hotel

**Class Fees:** Fees will be charged

**Meets CPS Requirement:** no

**Trainer(s):**

**Additional Information:** This Course offering is now full. If you wish to waitlist someone, please email Marcia Callichia at mc64@cornell.edu. She will maintain the waitlists for all courses. As enrollees drop out or cancel for any reason, she may be able to add your candidates

**Directions:**

FROM THE NYS THRUWAY (I-90) Exit 24 (Albany Exit) to US 20 (Western Avenue). Follow signs to US 20. At the end, make a left. Hotel is ½ mile on the right. FROM THE EAST I-90 West to Western Avenue (US 20) at Western Avenue make a left. Hotel is ½ mile on the right. FROM THE NORTH I-87S (the Northway) to end, make a left onto Western Avenue (US 20). Hotel is ½ mile on the right.

**For Additional Course Information Contact:**

Mary Keane

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**ATTACHMENT #6**

Check one:

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

The Social Services Committee hereby authorizes Adrienne Rowell, Nicole Beaudette, Sara Farnsworth  
 (Supervisory Committee) (Employee Name)

to attend CPS Foundations Training N  
 (Name of meeting or organization)

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

on 6/27/16 - 6/30/16 and 7/12/16 - 7/15/16. 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](http://www.gsa.gov)

Date: 5/25/16 *Maureen Schmidt*  
 Department Head Signature

Date: 6/1/16 *Matthew Kelly*  
 Committee Chairman Signature

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

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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*  
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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)
Adrienne Rowell	CPS Foundations 1	June 27 - 30
Nicole Baudett		July 12 - 15
Sara Farnsworth		2016

	Cost of Training/Person	\$	-
	# of staff attending		
		\$	-
<b>Overnight</b>			
# of miles/1 way	<u>60</u>		
X # trips	<u>4</u>		
Total # of miles	240		
<b>Commuting</b>			
	<u>60</u>		
	<u>16</u>		
	960		
	X		
	Fleet Car - .25		
	Overnight	\$	60.00
	Commute	\$	240.00

**Estimated Overtime**

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>39,979</u>	19.22	28.83	<u>4</u>	115.32		
#2	<u>39,979</u>	19.22	28.83	<u>4</u>	115.32	Commuting OT	\$ 349.53
#3	<u>41,211</u>	19.81	29.72	<u>4</u>	118.88		

		# of hrs	Total OT		
#1		<u>          </u>	0.00	Overnight OT	\$ -
#2		<u>          </u>	0.00		
#3		<u>          </u>	0.00		

Hotel	# of days	Rate/night	Total Hotel Expense
3 Staff	6	\$ 50.00	\$ 900.00

<b>Totals</b>	Fleet Car + Training + Hotel + OT	\$	960.00
	Fleet Car + Training + Overtime	\$	589.53

**Collins, Joanne (DFA)**

**From:** Stars@bsc-cdhs.org  
**Sent:** Sunday, May 08, 2016 11:28 PM  
**To:** Collins, Joanne (DFA)  
**Subject:** Albany- HSLC WBT: CPS Foundation Training Part 1 N - 2016 (begins with online Pretest and WBT's)  
**Attachments:** 705285\_Registration\_Form.pdf

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unsolicited emails.*

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

**HSLC Web Based Training Announcement**

**Training Title**

HSLC WBT: CPS Foundation Training Part 1 N - 2016 (begins with online Pretest and WBT's)

**Provider**

SUC Buffalo - CDHS

Date & Time	Name & Location	Registration Deadline	Lodging
<p>*Certain deliveries have different daily start and end times. Please be sure to check for actual training times listed below under "Additional Information."</p>			
<p>06/20/16 to 07/25/16            Credited Hours: 1.00            This class is taken online in the Human Services Learning Center (HSLC).</p>	<p>HSLC WBT: CPS Foundation Training Part 1 N - 2016 (begins with online Pretest and WBT's)            Human Services Learning Center  <a href="https://www.hslcnys.org">https://www.hslcnys.org</a>            Location Phone: 0000000000</p>	<p>06/06/2016</p>	
<p>06/20/16 to 07/25/16            Credited Hours: 7.00            This class is taken online in the Human Services Learning Center (HSLC).</p>	<p>HSLC WBT: CPS Foundation Training Part 1 N - 2016 (begins with online Pretest and WBT's) test &amp; WBT access            Human Services Learning Center  <a href="https://www.hslcnys.org">https://www.hslcnys.org</a>            Location Phone: 0000000000</p>		
<p>06/27/16 9:00am to 4:30pm            06/28/16 9:00am to 4:30pm            06/29/16 9:00am to 4:30pm            06/30/16 9:00am to 4:30pm</p>	<p>CPS Foundation Training Part 1 N-1 - 2016            CDHS - Albany Regional Office            3 Marcus Blvd, Suite 105 Room: Placid, Albany NY 12205-1129            Contact: Amy Reynolds Comtois            Contact Phone: 518-435-1825 x            Location Phone: (518) 435-1825</p>		<p>Springhill Suites Albany            Colonie 8 California Ave, Albany 12205            Phone: 518 724-7999</p>
<p>07/12/16 9:00am to 4:30pm            07/13/16 9:00am to 4:30pm            07/14/16 9:00am to 4:30pm            07/15/16 9:00am to 4:30pm</p>	<p>CPS Foundation Training Part 1 N-2 - 2016            CDHS - Albany Regional Office            3 Marcus Blvd, Suite 105 Room: Carol Clayton, Albany NY 12205-1129            Contact: Amy Reynolds Comtois            Contact Phone: 518-435-1825 x            Location Phone: (518) 435-1825</p>		<p>Springhill Suites Albany            Colonie 8 California Ave, Albany 12205            Phone: 518 724-7999</p>

07/18/16 to 07/25/16 Credited Hours: 2.25 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: CPS Foundation Training Part 1 N - 2016 Post Class Human Services Learning Center <a href="https://www.hslcnys.org">https://www.hslcnys.org</a> Location Phone: 0000000000		
07/07/16 9:30am to 3:00pm	LL: Working with Progress Notes in CONNECTIONS CPS Foundations Part 1 N - 2016 LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
08/02/16 9:30am to 3:00pm	LL: Exploring the Person List Window of the FSS CPS Foundations Part 1 N - 2016 LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		

### Additional Information

Please provide the name and phone number of each participant's supervisor in the trainee note field. If the hotel the participants stay at provides breakfast, no reimbursement will be given for breakfast. CDHS will reimburse trainees for dinner at the trainee rate.

There are required activities that must be completed before attending the first classroom day of this course.

Pre-classroom web-based instructional activities are part of the course and must be completed prior to classroom training. Mandated Reporter Training is required for successful participation in CPS Foundation training and must be completed before the first week of classroom training. The learner may participate in either of the following:

- a mandated reporter training provided by their agency or a self-directed Web-based program titled Mandated Reporter Web-Based On-Line which requires separate registration by your agency contact/SDC at: <https://www.hslcnys.org>

Please make a note in the trainee note field when the trainee has met the Mandated Reporter prerequisite.

There are iLinc sessions included during the training program. Introduction to Learnlinc is a prerequisite for all iLinc course (requires separate registration) and a computer headset with microphone is required to participate. For technical support, please call 1-800-810-1349.

Connections iLinc training dates are: 7/7/16 & 8/2/16.

### Course Description

This program will enhance foundational competencies of new caseworkers who have a role in Child Protective Services Responses, including FAR and on-call, by providing them with the knowledge and skills necessary to effectively begin working with children and families. This course provides foundational learning necessary to proceed to Child Protective Services Response Training (CPSRT).

### Training Description

This program will enhance foundational competencies of new caseworkers who have a role in Child Protective Services Responses, including FAR and on-call, by providing them with the knowledge and skills necessary to effectively begin working with children and families to achieve the child welfare outcomes of safety, permanency, and well-being. This course provides foundational learning necessary to proceed to Child Protective Services Response Training (CPSRT).

The summary below identifies steps involved in completing the training program, beginning with the pre-classroom web-based training and a trainee self-assessment through post-classroom web-based training, on-the-job/field training activities and a mid-training conference after CPSRT. Once trainee registration is accepted, approximately three weeks prior to the beginning of classroom training, a trainer will schedule a pre-training conference with the SDC, trainee and their supervisor if the trainee works in a district that has opted in for pre-training conferences. Optimally the pre-training conference will occur prior to the opening of pre-classroom WBTs Beginning 6/20/16, one week prior to the classroom training, the trainee will engage in a brief series of pre-classroom web-based instructional activities as a prerequisite for the first week of classroom training, which begins on 6/27/16. Access to the internet is required for participation in web-based training. Pre-classroom instructional activities will include a pretest, trainee self-assessment, and several brief web-based training components that cover child welfare definitions and concepts, laying the groundwork for further development in the classroom. Web-based instructional activities can be accessed through The Human Services Learning Center (HSLC) (access instructions below). The total amount of time trainees will

need to complete all of the pre-classroom components is approximately 8 hours including the pretest and self-assessment. The pretest must be completed in one sitting; it will take about one hour. There will also be post-classroom web-based training components that trainees will be required to complete in their home districts prior to attending CPSRT. . Trainees will also participate in 3 CONNECTIONS iLinc courses. The dates for each course are listed in the "additional information" section of this announcement. Trainees will be assigned to either a morning or an afternoon session for each course. Session assignments will be emailed by PDP to the trainees no later than the Friday before the week of the course. The total amount of time trainees will need to complete all of the post-classroom web-based training is approximately 6 hours It is essential that trainees have protected time to complete these assignments. Completion of activities will be tracked in HSLC/STARS. It is the district's or agency's responsibility to verify the completion of all out-of-classroom instructional activities for each trainee. Please note that CPSRT also has pre-classroom web-based instructional activities, which take about 2 hours, and must be completed during the same week as CPS Foundation Training post-classroom web-based training components.

Web-based instructional activities can be accessed through The Human Services Learning Center. Go to- <https://www.hslcnys.org> and login using your HSLC username and password and you will see the course you are registered for in the bottom center of the window under your "Registered Classes" section. Click on the icon in the corner of that section to go to your "My Registration" page where you will access the pretest and WBTs or you can scroll over the "User" area in the top menu bar to get to your "My Registration" page. Note: Completion of pre-classroom and post-classroom web-based instructional activities as well as participation in the mid and post training conferences is required for successful completion of this program.

The Mandated Reporter Training is required for successful participation in CPS Foundation Training and must be completed before the first week of classroom training. The learner may participate in EITHER of the following: •a mandated reporter training provided by their agency or a self-directed Web-based program provided by OCFS – Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect which requires separate registration at: <http://www.nysmandatedreporter.org/TrainingCourses.aspx>.

A trainer, the trainee, their supervisor, and staff development coordinator will participate in a mid-training conference at the trainee's work site. The trainer will contact the district to arrange the date and time after the trainees completes CPSRT. The conference will occur after the trainee completes CPSRT and prior to their attendance at and participation in CPS Foundation Part 2 Training. A post training conference, to be conducted by telephone, will be arranged after the trainee completes CPS Foundation Part 2 Training.

**Target Population**

New caseworkers who have a role in Child Protective Services Responses

**Course Prerequisites**

Mandated Reporter Web-Based Online

**Course Content**

Casework Practices

**Pre-registration Required**

Yes

**Reimbursement**

Mileage and Hotel

**Training Fees**

Training Fees Will Not Be Charged

**Meets In-Service CPS Requirements**

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**ATTACHMENT #7**

Check one:

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

The Social Services Committee hereby authorizes Adrienne Rowell, Nicole Beaudette, Sara Farnsworth  
(Supervisory Committee) (Employee Name)

to attend CPS Response Training N  
(Name of meeting or organization)

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

on 7/25/16 - 7/29/16 and 8/8/16 - 8/12/16 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](http://www.gsa.gov)

Date: 5/25/16 Maureen Schmidt

Department Head Signature

Date: 6/1/16 Maths Ball  
Committee Chairman Signature

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

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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)
Adrienne Rowell	CPT RT TRAINING	7/25-7/29/16
Nicole Baudett	(10 Days)	8/8-8/12/16
Sara Farnsworth		

Overnight		Commuting		Cost of Training/Person	\$	-
# of miles/1 way	<u>60</u>	<u>60</u>		# of staff attending		
X # trips	<u>4</u>	<u>20</u>				
Total # of miles	240	1200	X	Fleet Car - .25		
				Overnight	\$	60.00
				Commute	\$	300.00

**Estimated Overtime**

			Commuting			
	Salary	Hr Rate	OT Rate	# of hrs	Total OT	
#1	<u>39,979</u>	19.22	28.83	<u>        </u>	0.00	
#2	<u>39,979</u>	19.22	28.83	<u>        </u>	0.00	Commuting OT
#3	<u>41,211</u>	19.81	29.72	<u>        </u>	0.00	
			Overnight			
				# of hrs	Total OT	
#1				<u>        </u>	0.00	Overnight OT
#2				<u>        </u>	0.00	
#3				<u>        </u>	0.00	

Hotel	# of days	Rate/night	Total Hotel Expense
3 Staff	8	\$ 50.00	\$ 1,200.00

<b>Totals</b>	Fleet Car + Training + Hotel + OT	\$ 1,260.00
	Fleet Car + Training + Overtime	\$ 300.00

**Collins, Joanne (DFA)**

**From:** Stars@bsc-cdhs.org  
**Sent:** Sunday, May 08, 2016 11:35 PM  
**To:** Collins, Joanne (DFA)  
**Subject:** Albany- HSLC WBT: Child Protective Services Response Training -N - 2016  
**Attachments:** 705331\_Hotel Cancellation Policy.pdf; 705331\_Registration\_Form.pdf

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

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

**HSLC Web Based Training Announcement**

**Training Title**

**HSLC WBT: Child Protective Services Response Training -N - 2016**

**Provider**

**SUC Buffalo - CDHS**

Date & Time	Name & Location	Registration Deadline	Lodging
*Certain deliveries have different daily start and end times. Please be sure to check for actual training times listed below under "Additional Information."			
07/18/16 to 08/12/16 Credited Hours: 2.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: Child Protective Services Response Training -N - 2016 Human Services Learning Center <a href="https://www.hslcnys.org">https://www.hslcnys.org</a> Location Phone: 0000000000	07/05/2016	
07/25/16 1:00pm to 5:00pm 07/26/16 8:30am to 5:00pm 07/27/16 8:30am to 5:00pm 07/28/16 8:30am to 5:00pm 07/29/16 8:30am to 12:00pm	Child Protective Services Response Training -N-1 - 2016 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton, Albany NY 12205-1129 Contact: Amy Reynolds Comtois Contact Phone: 518-435-1825 x Location Phone: (518) 435-1825		Springhill Suites Albany Colonie 8 California Ave, Albany 12205 Phone: 518 724-7999
08/01/16 to 08/12/16 Credited Hours: 3.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: Child Protective Services Response Training -N - 2016 Mid-Week Human Services Learning Center <a href="https://www.hslcnys.org">https://www.hslcnys.org</a> Location Phone: 0000000000		
08/04/16 9:00am to 4:00pm	LL: CPSRT N - 2016 CONNX Starting the Investigation in CONNECTIONS LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
08/08/16 12:00pm to 5:00pm 08/09/16 9:00am to 4:00pm 08/10/16 8:30am to 5:00pm 08/11/16 8:30am to 5:00pm 08/12/16 8:30am to 12:30pm	Child Protective Services Response Training -N-2 - 2016 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol		Springhill Suites Albany Colonie 8 California Ave, Albany 12205 Phone: 518 724-7999

Clayton, Albany NY 12205-1129 Contact: Amy Reynolds Comtois Contact Phone: 518-435-1825 x Location Phone: (518) 435-1825		
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#### Additional Information

There is no advanced meal money for this training. This hotel provides breakfast.

Please note: Pre Classroom On-Line Computer based components will be available on-line beginning on July 18, 2016 and will be accessible until the completion of the training. Mid Classroom On-Line Computer based components will be available on-line beginning on August 1, 2016 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. 8/4/16: 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: Tuesday 8/10/16: 9AM - 4PM.

#### 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 The Human Services Learning Center (HSLC) the week prior to the first classroom module, and in between the two classroom modules. Registration for this integrated training has been combined.

#### Training 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 July 18th, 2016, 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 The Human Services Learning Center (HSLC) (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. Completion of the mid-week components is required prior to the trainee attending Week 2 of the classroom training. It is essential that trainees have protected time to complete both the pre-classroom and mid-week computer based components of this training. Completion of these components will be tracked in STARS/HSLC. Districts will be asked to validate the completion of all out-of-classroom instructional activities for each participant. Computer-based instructional activities can be accessed through The Human Services Learning Center (HSLC) or iLinc. Please use the following instructions: 1. Go to <https://www.hslcnys.org> and login using your HSLC username and password and you will see the course you are registered for in the bottom center of the window under your "Registered Classes" section. Click on the icon in the corner of that section to go to your "My Registration" page where you will access the pretest and WBTs or you can scroll over the "User" area in the top menu bar to get to your "My Registration" page. 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.

**Target Population**

New Child Protective Services caseworkers.

**Course Prerequisites**

At least one of the following:

- Child Welfare/Child Protective Services Common Core Training
- Core Essential Skills for Experienced Caseworkers
- CPS Foundation Training

**Course Content**

Child Protection

**Pre-registration Required**

Yes

**Reimbursement**

Mileage and Hotel

**Training Fees**

Local District, ACS and HRA staff will be charged Training fees for some parts

**Meets In-Service CPS Requirements**

Yes

**Trainer(s)**

**For Additional Course Information Contact**

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**ATTACHMENT #8**

Check one:

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

The Social Services Committee hereby authorizes Barbara Meade and Jessica Wildey  
 (Supervisory Committee) (Employee Name)

to attend Annual Training Seminar - NY Welfare Fraud Investigators Assoc.  
 (Name of meeting or organization)

at Crowne Plaza Resort, Lake Placid, NY 12946  
 (Address)

on June 6 - 8, 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 \$ 114.60 GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\* per diem rate \$ \_\_\_\_\_

\*www.gsa.gov

Date: 5/25/16 Maureen Schmidt  
 Department Head Signature

Date: 6/1/16 Matthew Spill  
 Committee Chairman Signature

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

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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)
Barb Meade	NY Welfare Fraud Investigator's	6/6-6/8/16
Jessica Wildey	Association Training	

Cost of Training/Person

# of staff attending

2

Overnight	Commuting				
# of miles/1 way	<u>80</u>				
X # trips	<u>2</u>				
Total # of miles	160				
		<u>0</u>	X	Fleet Car - .25	
				Overnight	\$ 40.00
				Commute	\$ -

Estimated Overtime

Commuting

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>45,569</u>	21.91	32.86	<u>          </u>	0.00		
#2	<u>36,996</u>	17.79	26.68	<u>          </u>	0.00	Commuting OT	\$ -
#3	<u>          </u>	0.00	0.00	<u>          </u>	0.00		

Overnight

	# of hrs	Total OT		
#1	<u>1.5</u>	49.29		
#2	<u>1.5</u>	40.02	Overnight OT	\$ 89.31
#3	<u>          </u>	0.00		

Hotel		Rate/night	Total Hotel Expense
2 nights	4	\$ 114.60	\$ 458.40

Totals

Fleet Car + Training + Hotel + OT	\$ 587.71
Fleet Car + Training + Overtime	\$ -



**Office of Children  
and Family Services**

**Office of Temporary  
and Disability Assistance**

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Acting Commissioner

**SAMUEL D. ROBERTS**  
Commissioner

March 23, 2016

Dear Commissioner:

We are writing to extend an invitation to your staff to attend the upcoming New York Welfare Fraud Investigators Association (NYWFIA) 33<sup>rd</sup> Annual Training Seminar to be held at the Crowne Plaza Hotel in Lake Placid, New York on June 6-8, 2016.

The New York State Office of Temporary and Disability Assistance (OTDA) and the Office of Children and Family Services (OCFS) are co-hosting this seminar with NYWFIA, whose members actively work every day to combat welfare fraud. This program is an excellent forum for social services experts from a wide range of backgrounds to share best practices in fraud detection and prevention and discuss new ideas.

New York State continues to be a leader in establishing innovative programs and processes to ensure the integrity of the State's public benefit programs, including Temporary Assistance, SNAP, Child Care Subsidy and Medicaid. The training seminar will feature multiple tracks with breakout sessions tailored to new and experienced investigators, administrators, and eligibility staff. Our focus in every seminar remains the sharing of best practices and presenting new ideas that will enhance your agency's efforts to prevent, detect, investigate and prosecute fraud.

At this year's seminar, OTDA staff will conduct several roundtable discussions devoted to current Program Integrity initiatives along with three training sessions that will provide the latest information and guidance on Processing Computer Matches, SNAP Reporting Requirements and SNAP Trafficking. Each of these topics was previously requested by local agency staff. Additionally, building upon positive local agency feedback, OTDA will once again host a Fraud Directors session to facilitate a discussion on topics, issues, and challenges currently facing Fraud staff around New York State and share solutions. Lastly, OTDA staff will offer the Certified Welfare Fraud Investigator examination for Local Social Services District investigative staff wishing to obtain this important certification.

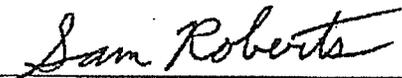
In addition to the sessions devoted to welfare fraud, OCFS staff, in conjunction with Control-tec, will conduct sessions that highlight continued efforts to detect and prevent child care subsidy fraud. These sessions will include training on the use of the Child Care Program Integrity (CCPI) technical solution and will provide an overview of the pilot program, as well as implementation updates. OCFS staff will also do a presentation on the Child Care Subsidy Fraud Regulations and related policy that will include a question-and-answer period. Please have your child care assistance supervisor and staff register to attend so they may learn about this ongoing work to combat fraud.

OTDA and OCFS are offering 147 scholarships to local districts for the seminar. Attached to this letter is a memo to your Staff Development Coordinator providing more detailed information about the application process for these scholarships.

We hope your agency will take advantage of this important training opportunity:

Sincerely,

  
\_\_\_\_\_  
Sheila J. Poole  
Acting Commissioner  
Office of Children & Family Services

  
\_\_\_\_\_  
Samuel D. Roberts  
Commissioner  
Office of Temporary & Disability Assistance

Enclosures

cc: Local District Staff Development Coordinators  
Directors of Services  
Welfare Fraud Directors  
Day Care Supervisors

**Monday – June 6<sup>th</sup>, 2016**

**7:00 a.m. – 8:30 a.m. Breakfast**

*Mackenzie's*

**8:00 a.m. – 9:00 a.m. Registration**

*Olympic Pre-Function*

**9:00 a.m. – 10:00 a.m. Welcoming Remarks**

*Olympic 1-2*

**John Melville, NYWFIA President**

**10:00 a.m. – 10:30 a.m. Break and Vendor Exhibits**

*Pool Atrium*

**10:30 a.m. – 11:15 a.m. General Session**

*Olympic 1-2*

**11:15 a.m. – 12:30 p.m. Break Out Sessions**

**Recipient Trafficking** *Olympic 3*

**Fraud 101** *Olympic 4*

**CCPI Forum** *Skyroom*

**12:30 p.m. – 2:00 p.m. Luncheon**

*Grandview*

**Keynote Address:**

**Bedros L. Boodanian**

**Deputy Commissioner**

**Office of Program Accountability IREA**

**2:00 p.m. – 3:15 p.m. Break Out Sessions**

**IPV's and Reporting** *Olympic 3*

**Representing Agency in FH** *Olympic 4*

**Computer Matches** *Skyroom*

**3:15 p.m. – 3:45 p.m. Break and Vendor Exhibits**

**3:45 p.m. – 5:00 p.m. Break Out Sessions**

**IPV's and Reporting** *Olympic 3*

**Representing Agency in FH** *Olympic 4*

**Criminal Investigations** *Skyroom*

**5:30 p.m. – 7:30 p.m. Monday Night Activity**

**Bar- B -Que**

*Lake Placid Club*

**8:30 p.m. – 11:00 p.m. Networking Reception**

*Grandview*

**Tuesday – June 7<sup>th</sup>, 2016**

- 7:00 a.m. – 8:30 a.m. **Breakfast**  
*Mackenzie's*
- 8:00 a.m. – 9:00 a.m. **Registration**  
*Olympic Pre-Function*
- 9:00 a.m. – 10:15 a.m. **Break Out Sessions**  
Recipient Trafficking *Olympic 3*  
Computer Matches *Olympic 4*  
Fraud 101 *Skyroom*
- 10:15 a.m. – 10:30 a.m. **Break** *Pool Atrium*
- 10:30 a.m. – 12:00 p.m. **Annual Business Meeting & Elections**  
*Olympic 1-2*
- 12:00. – 1:30 p.m. **Lunch – On Your Own**
- 1:30 p.m. – 2:45 p.m. **Break Out Sessions**  
OCFS Disqualification Roadmap *Olympic 3*  
TA Overpayments and Recoveries *Olympic 4*  
CCPI Forum *Skyroom*
- 1:30 p.m. – 2:45 p.m. **Concurrent Session**  
Regional Fraud Directors Meeting  
*Olympic 1-2*
- 2:45 p.m. – 3:00 p.m. **Break** *Pool Atrium*
- 3:00 p.m. – 5:00 p.m. **General Session**  
Mock Trial  
Presented by *Olympic 1-2*
- 6:00 p.m. – 7:00 p.m. **Pre-Banquet Reception** *ADK Great Room*
- 7:00 p.m. – 9:30 p.m. **Annual Association Banquet** *Grandview*  
  
Keynote Speaker –  
**Kevin Kehmna**  
*Director of Audit & Quality Improvement*

Wednesday - June 8<sup>th</sup>, 2016

7:00 a.m. - 8:30 a.m. **Breakfast**  
*Mackenzie's*

8:00 a.m. - 9:00 a.m. **Registration**  
*Olympic Pre-Function*

9:00 a.m. - Noon **CWFI - Certified Welfare Fraud Investigator**  
**Exam** (2-3 hours) *High Peaks Room*

Administered by Larry Pittz, Director of Program Integrity in the Office of Audit & Quality Improvement.

To be eligible to take this exam, you must pre-register with UCOWF at:  
[www.ucowf.net](http://www.ucowf.net)

9:00 a.m. - 10:15 a.m. **Break Out Sessions**

OCFS Disqualification Roadmap	<i>Olympic 3</i>
TA Overpayments and Recoveries	<i>Olympic 4</i>
State Police Computer Presentation	<i>Skyroom</i>

10:15 a.m. - 10:45 a.m. **Break**  
*Pool Atrium*

10:45 a.m. - 12:00 p.m. **General Session** *Olympic 1-2*  
**Roundtable Discussions**  
*IPV's*  
*TOP/Lottery*  
*Computer Matches*  
*FEDS*  
*Snap Trafficking*

**Seminar Concludes**

12:45 p.m. - 2:30 p.m. **Executive & Regional**  
**Representatives Board Meeting**  
*Kate Smith Library*

All newly elected board members and regional representatives are strongly encouraged to attend.

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**ATTACHMENT #9**

Check one:

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

The Social Services Committee hereby authorizes Tina Murray and Christina Mastrianni  
 (Supervisory Committee) (Employee Name)

to attend Sexual Abuse Dynamics & Intervention Training  
 (Name of meeting or organization)

at Rensselaer County DSS, 127 Bloomingrove Dr, Troy, NY 12180  
 (Address)

on 6/22/16 - 6/24/16. 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](http://www.gsa.gov)

Date: 5/25/16 Maureen Schmidt  
 Department Head Signature

Date: 6/1/16 [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.

<u>Cost Analysis</u>		<u>Training</u>		<u>Date(s)</u>	
Tina Murray		Sexual Abuse Dynamics &		6/22-6/24/16	
Christina Mastrianni		Intervention Training			
		Cost of Training/Person = \$14/day		\$	42.00
		# of staff attending			2
<b>Overnight</b>		<b>Commuting</b>		\$	84.00
# of miles/1 way	<u>55</u>	# of miles	<u>55</u>		
X # trips	<u>2</u>	X	<u>6</u>	Fleet Car - .25	
Total # of miles	110		330	Overnight	\$ 27.50
				Commute	\$ 82.50
<b>Estimated Overtime</b>					
			<b>Commuting</b>		
	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>49,469</u>	23.78	35.67	<u>4.5</u>	160.54
#2	<u>46,631</u>	22.42	33.63	<u>4.5</u>	151.33
#3	<u>          </u>	0.00	0.00	<u>0.00</u>	0.00
				Commuting OT	\$ 311.86
			<b>Overnight</b>		
			# of hrs	Total OT	
#1			<u>2</u>	71.35	
#2			<u>2</u>	67.26	
#3			<u>0.00</u>	0.00	
				Overnight OT	\$ 138.61
<b>Hotel</b>			Rate/night	Total Hotel Expense	
2 nights	4	\$	64.50	\$	258.00
<b>Totals</b>					
	<b>Fleet Car + Training + Hotel + OT</b>			\$	508.11
	<b>Fleet Car + Training + Overtime</b>			\$	478.36

**Sexual Abuse Dynamics and Intervention Training: Email Announcement To:**

joanne.collins@dfa.state.ny.us

Send Email

**Course:** Sexual Abuse Dynamics and Intervention Training  
**Class Status:** Open Nomination  
**No. Nominated:** 11  
**Attachments:** [Form.pdf](#) [Travel Form.pdf](#) [TRVREIM.pdf](#)  
**Provider:** Fordham University/Children&Families Ins  
**Date:** 06/22/2016 - 06/24/2016  
**Time(s):** Day 1: 8:30am - 4:30pm , Day 2: 8:30am - 4:30pm , Day 3: 8:30am - 4:30pm  
**Location:** Rensselaer County DSS  
 127 Bloomingrove Drive Troy, NY 12180 [find on map](#)  
**Lodging:** Fairfield Inn East Greenbush 124 Troy Road East Greenbush 12061  
**Deadline:** 06/08/2016  
**Not part of a Multipart Course**

**Course Description:**

This 3 day course will provide caseworkers with an intense overview of the issues related to child sexual abuse. Caseworkers will participate in both large and small group exercise that will increase their sensitivity in working with incest families and improve skills related to their work with victims and offenders. The format will include lectures, role plays, films and group discussions and groups presentation.

**Class Description:**

Same as Course Description

**Region:** 4

**Target Population:**

Child protective and preventive workers with case management responsibilities whose salaries are allocated in full or part to Title IV-E, foster care, adoption caseworkers and supervisors.

**Course Prerequisites:**

**Course Content:** Casework Practices

**Pre-Registration Required:** yes

**Reimbursement:** Mileage & Hotel

**Class Fees:** Fees will be charged

**Meets CPS Requirement:** yes

**Trainer(s):**

**Additional Information:****Directions:**

From the East: Take I-90 west to exit 8 (Defreestville). Stay on the ramp straight through the first traffic light. At the second light, take a left. Take a right at Cumberland Farms onto Bloomingrove Dr. After one-half mile, there is a fork in the road. Bear left, staying on Bloomingrove Dr. Go approximately one mile to a stop sign. Go straight through the stop sign. The Rensselaer County Department of Social Services is approximately one-half mile on the right. Take a right between the orange brick pillars, proceed up the hill and bear right into the parking lot (D and E). Enter through the main doors in the front of the building. From the West: Take the NYS Thruway to exit 23. Get on 787 North to Route 378 East. Follow the directions below from Albany. From the North: Take I-87 South to exit 7 (Route 7 east toward Troy). Follow Route 7 east to 787 South. Proceed to the exit for Route 378 East. Follow the directions below from Albany. From the South: Take the NYS Thruway to exit 23. Get on 787 North to Route 378 East. Follow the directions below from Albany. From Albany: Take 787 North to Route 378 East. Go over Menands Bridge to first traffic light. Take a right up hill (Morrison Ave.) to the top where there is another traffic light. Take a right onto Route 4. Go to the fourth traffic light (car dealer on left) and take a left. Take an immediate right onto Bloomingrove Drive.

Our building is 1/3 mile on the left. Go to the second set of orange brick pillars and take a left, proceed up the hill and bear right into the parking lot (D and E). The main entrance is in the front of the building.

**For Additional Course Information Contact:**

**Joanne McMahon**

Phone: 9143673364

Email: [ajomcmahon@fordham.edu](mailto:ajomcmahon@fordham.edu)

BUDGET ANALYSIS

ATTACHMENT #10

REVENUE AND EXPENDITURES FOR APRIL 2016

FUND(S): A

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

EXPENSES	2016 BUDGETED	APR 2016 EXP	APR 2015 EXP	2016 YTD ACTUAL	2015 Prior Year Totals
110 Salaries - Regular	\$5,746,066.00	\$426,242.98	\$413,951.02	\$1,603,457.81	\$5,384,752.81
120 Salaries - Overtime	\$80,222.00	\$4,996.11	\$4,021.52	\$21,045.52	\$67,959.36
130 Salaries - Part Time	\$195,541.00	\$16,160.74	\$14,756.30	\$83,256.81	\$219,908.66
<b>100's PERSONAL SERVICES Total</b>	<b>\$6,021,829.00</b>	<b>\$447,399.83</b>	<b>\$432,728.84</b>	<b>\$1,707,760.14</b>	<b>\$5,672,620.83</b>
200's EQUIPMENT	\$21,600.00	\$1,761.42	\$0.00	\$5,115.90	\$68,621.56
400's CONTRACTUAL	\$23,308,081.00	\$1,534,023.59	\$1,655,351.78	\$6,274,682.20	\$22,854,930.56
800's EMPLOYEE BENEFITS	\$3,630,498.00	\$324,786.50	\$286,502.68	\$1,177,467.81	\$3,606,016.20
<b>TOTALS</b>	<b>\$32,982,008.00</b>	<b>\$2,307,971.34</b>	<b>\$2,374,583.30</b>	<b>\$9,165,026.05</b>	<b>\$32,202,189.15</b>

REVENUES	2016 BUDGETED	APR 2016 REVENUE	APR 2015 REVENUE	2016 YTD ACTUAL	2015 Prior Year Totals
	\$16,151,956.00	\$830,444.50	\$81,451.19	\$4,163,663.97	\$15,777,219.98

# Expense Budget Performance Report

Fiscal Year to Date 04/30/16

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
<b>Fund A - General</b>										
Department <b>6010 - Social Services</b>										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,071,844.00	.00	5,071,844.00	377,835.07	.00	1,421,677.79	3,650,166.21	28	4,752,816.01
120	Salaries - Overtime	49,222.00	.00	49,222.00	4,898.14	.00	14,231.84	34,990.16	29	45,594.42
130	Salaries - Part Time	26,755.00	.00	26,755.00	5,108.49	.00	31,783.03	(5,028.03)	119	67,859.79
<i>Personal Services Totals</i>		\$5,147,821.00	\$0.00	\$5,147,821.00	\$387,841.70	\$0.00	\$1,467,692.66	\$3,680,128.34	29%	\$4,866,270.22
<i>Equipment</i>										
210	Furniture/Furnishings	.00	3,120.00	3,120.00	115.50	.00	2,666.00	454.00	85	1,472.64
220	Office Equipment	15,000.00	.00	15,000.00	1,616.00	40.06	2,098.10	12,861.84	14	39,923.51
220.1	Office Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	18,369.00
<b>220 - Office Equipment Totals</b>		\$15,000.00	\$0.00	\$15,000.00	\$1,616.00	\$40.06	\$2,098.10	\$12,861.84	14%	\$58,292.51
230	Automotive Equipment	.00	.00	.00	.00	.00	.00	.00	+++	229.98
230.1	Automotive Equipment - Reserve	.00	15,000.00	15,000.00	.00	.00	.00	15,000.00	0	.00
<b>230 - Automotive Equipment Totals</b>		\$0.00	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	0%	\$229.98
<i>Equipment Totals</i>		\$15,000.00	\$18,120.00	\$33,120.00	\$1,731.50	\$40.06	\$4,764.10	\$28,315.84	15%	\$59,995.13
<i>Contractual Expense</i>										
410	Supplies	52,000.00	.00	52,000.00	1,714.17	3,404.55	15,029.82	33,565.63	35	56,658.67
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	235,227.90	329,319.10	42	564,546.94
418	Ins-General Liability	39,147.00	(454.00)	38,693.00	.00	.00	37,101.18	1,591.82	96	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	1,744.91	.00	5,717.71	14,282.29	29	19,128.31
424	Postage	30,000.00	.00	30,000.00	2,800.02	.00	9,634.72	20,365.28	32	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	589.00	4,987.00	1,826.00	287.00	96	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	(490.90)	.00	34.75	1,965.25	2	(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	689.18	.00	1,675.58	3,324.42	34	5,044.09
440	Legal/Transcript Fees	7,000.00	.00	7,000.00	.00	.00	34.56	6,965.44	0	9,380.85
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	597.20	.00	1,063.67	8,936.33	11	4,818.38
442	Automotive - Gas & Oil	12,000.00	.00	12,000.00	430.61	.00	1,226.49	10,773.51	10	6,567.04
444	Travel/Education/Conference	17,000.00	(2,000.00)	15,000.00	662.03	692.50	3,812.42	10,495.08	30	7,975.99
469	Other Payments/Contributions	5,000.00	.00	5,000.00	1,000.00	.00	1,000.00	4,000.00	20	800.00
470	Contract	355,000.00	(3,300.00)	351,700.00	31,741.95	67,320.97	56,959.29	227,419.74	35	276,451.60
<i>Contractual Expense Totals</i>		\$1,224,194.00	(\$454.00)	\$1,223,740.00	\$88,523.75	\$76,405.02	\$374,755.09	\$772,579.89	37%	\$1,125,856.61

# Expense Budget Performance Report

Fiscal Year to Date 04/30/16

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
<b>Fund A - General</b>										
Department 6010 - Social Services										
EXPENSE										
Employee Benefits										
810	Retirement	741,451.00	.00	741,451.00	58,049.32	.00	242,943.60	498,507.40	33	785,796.06
830	Social Security	319,157.00	.00	319,157.00	22,553.01	.00	85,381.77	233,775.23	27	284,756.04
831	Medicare Contribution	74,645.00	.00	74,645.00	5,274.42	.00	19,968.33	54,676.67	27	66,595.97
860	Hospitalization	1,426,775.00	.00	1,426,775.00	125,620.95	.00	476,289.54	950,485.46	33	1,461,861.90
865	Dental Insurance	22,344.00	.00	22,344.00	1,882.00	.00	7,354.00	14,990.00	33	21,386.00
<i>Employee Benefits Totals</i>		<b>\$2,584,372.00</b>	<b>\$0.00</b>	<b>\$2,584,372.00</b>	<b>\$213,379.70</b>	<b>\$0.00</b>	<b>\$831,937.24</b>	<b>\$1,752,434.76</b>	<b>32%</b>	<b>\$2,620,395.97</b>
Other Benefits										
840	Workmen's Compensation	52,685.00	.00	52,685.00	.00	.00	52,684.54	.46	100	57,478.01
850	Unemployment Insurance	37,000.00	.00	37,000.00	.00	.00	.00	37,000.00	0	2,248.55
855	Disability	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	6,853.97
861	Retirees Hospitalization	401,816.00	.00	401,816.00	61,309.28	.00	122,854.33	278,961.67	31	377,594.48
<i>Other Benefits Totals</i>		<b>\$496,501.00</b>	<b>\$0.00</b>	<b>\$496,501.00</b>	<b>\$61,309.28</b>	<b>\$0.00</b>	<b>\$175,538.87</b>	<b>\$320,962.13</b>	<b>35%</b>	<b>\$444,175.01</b>
<b>EXPENSE TOTALS</b>		<b>\$9,467,888.00</b>	<b>\$17,666.00</b>	<b>\$9,485,554.00</b>	<b>\$752,785.93</b>	<b>\$76,445.08</b>	<b>\$2,854,687.96</b>	<b>\$6,554,420.96</b>	<b>31%</b>	<b>\$9,116,692.94</b>
Department 6010 - Social Services Totals		<b>(\$9,467,888.00)</b>	<b>(\$17,666.00)</b>	<b>(\$9,485,554.00)</b>	<b>(\$752,785.93)</b>	<b>(\$76,445.08)</b>	<b>(\$2,854,687.96)</b>	<b>(\$6,554,420.96)</b>	<b>31%</b>	<b>(\$9,116,692.94)</b>
Department 6030 - Countryside Adult Home										
EXPENSE										
Personal Services										
110	Salaries - Regular	674,222.00	.00	674,222.00	48,407.91	.00	181,780.02	492,441.98	27	631,936.80
120	Salaries - Overtime	31,000.00	.00	31,000.00	97.97	.00	6,813.68	24,186.32	22	22,364.94
130	Salaries - Part Time	168,786.00	.00	168,786.00	11,052.25	.00	51,473.78	117,312.22	30	152,048.87
<i>Personal Services Totals</i>		<b>\$874,008.00</b>	<b>\$0.00</b>	<b>\$874,008.00</b>	<b>\$59,558.13</b>	<b>\$0.00</b>	<b>\$240,067.48</b>	<b>\$633,940.52</b>	<b>27%</b>	<b>\$806,350.61</b>
Equipment										
210	Furniture/Furnishings	5,300.00	.00	5,300.00	.00	.00	321.88	4,978.12	6	6,281.11
260	Other Equipment	1,100.00	.00	1,100.00	29.92	.00	29.92	1,070.08	3	2,345.32
270	Lawn & Landscaping	200.00	.00	200.00	.00	.00	.00	200.00	0	.00
<i>Equipment Totals</i>		<b>\$6,600.00</b>	<b>\$0.00</b>	<b>\$6,600.00</b>	<b>\$29.92</b>	<b>\$0.00</b>	<b>\$351.80</b>	<b>\$6,248.20</b>	<b>5%</b>	<b>\$8,626.43</b>
Contractual Expense										
410	Supplies	31,000.00	.00	31,000.00	2,904.69	15,573.34	5,314.44	10,112.22	67	26,723.89
413	Repair & Maint.-Bldg/Property	35,000.00	9,972.00	44,972.00	1,857.46	14,498.81	15,604.76	14,868.43	67	23,933.51
415	Electricity	28,000.00	.00	28,000.00	2,592.72	.00	6,646.38	21,353.62	24	26,109.15
416	Oil & Gas-Heating	43,000.00	.00	43,000.00	2,375.17	911.01	8,766.27	33,322.72	23	27,250.95
418	Ins-General Liability	9,427.00	.00	9,427.00	.00	.82	9,138.18	288.00	97	8,637.87
422	Repair/Maint-Equipment	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	1,315.46
423	Telephone	3,000.00	.00	3,000.00	161.69	.00	658.73	2,341.27	22	2,550.77
424	Postage	700.00	.00	700.00	31.02	.00	58.30	641.70	8	169.24
426	Subscriptions	270.00	6.00	276.00	.00	.00	275.81	.19	100	265.20
428	Data Processing & Internet Fees	1,250.00	.00	1,250.00	94.96	780.16	379.84	90.00	93	1,143.81

# Expense Budget Performance Report

Fiscal Year to Date 04/30/16

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
<b>Fund A - General</b>										
<b>Department 6030 - Countryside Adult Home</b>										
<b>EXPENSE</b>										
<i>Contractual Expense</i>										
432	Special Project Supply	2,000.00	(6.00)	1,994.00	66.88	.00	66.88	1,927.12	3	337.85
434	Allowances	21,800.00	.00	21,800.00	1,300.00	.00	5,000.00	16,800.00	23	15,850.00
435	Medical Fees	3,200.00	.00	3,200.00	100.00	.00	215.00	2,985.00	7	2,386.00
436	Advertising Fees	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	.00
437	Consulting Fees	15,000.00	.00	15,000.00	1,903.71	9,325.16	5,674.84	.00	100	15,768.09
439	Misc Fees & Expenses	2,000.00	.00	2,000.00	.00	.00	152.00	1,848.00	8	808.80
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	25.01	.00	28.85	2,971.15	1	2,431.58
442	Automotive - Gas & Oil	2,600.00	.00	2,600.00	82.85	.00	225.26	2,374.74	9	1,447.94
444	Travel/Education/Conference	1,500.00	.00	1,500.00	.00	.00	799.00	701.00	53	1,666.39
445	Foods	119,500.00	.00	119,500.00	9,055.29	21,477.20	25,087.16	72,935.64	39	101,903.93
451	Medical Supply Expense	6,000.00	.00	6,000.00	792.54	461.57	1,205.11	4,333.32	28	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	1,969.55	1,804.80	6,195.20	27,000.00	23	28,404.15
<b>Contractual Expense Totals</b>		<b>\$367,347.00</b>	<b>\$9,972.00</b>	<b>\$377,319.00</b>	<b>\$25,313.54</b>	<b>\$64,832.87</b>	<b>\$91,492.01</b>	<b>\$220,994.12</b>	<b>41%</b>	<b>\$291,857.54</b>
<i>Employee Benefits</i>										
810	Retirement	116,072.00	.00	116,072.00	8,202.42	.00	36,131.70	79,940.30	31	118,412.37
830	Social Security	54,189.00	.00	54,189.00	3,463.65	.00	14,028.91	40,160.09	26	47,141.17
831	Medicare Contribution	12,675.00	.00	12,675.00	810.07	.00	3,280.98	9,394.02	26	11,024.94
860	Hospitalization	236,231.00	.00	236,231.00	18,638.24	.00	73,013.90	163,217.10	31	248,026.82
865	Dental Insurance	3,984.00	.00	3,984.00	290.00	.00	1,130.00	2,854.00	28	3,974.00
<b>Employee Benefits Totals</b>		<b>\$423,151.00</b>	<b>\$0.00</b>	<b>\$423,151.00</b>	<b>\$31,404.38</b>	<b>\$0.00</b>	<b>\$127,585.49</b>	<b>\$295,565.51</b>	<b>30%</b>	<b>\$428,579.30</b>
<i>Other Benefits</i>										
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	32,891.48	64,977.52	34	92,753.97
<b>Other Benefits Totals</b>		<b>\$112,990.00</b>	<b>\$0.00</b>	<b>\$112,990.00</b>	<b>\$16,445.74</b>	<b>\$0.00</b>	<b>\$37,911.41</b>	<b>\$75,078.59</b>	<b>34%</b>	<b>\$99,573.72</b>
<b>EXPENSE TOTALS</b>		<b>\$1,784,096.00</b>	<b>\$9,972.00</b>	<b>\$1,794,068.00</b>	<b>\$132,751.71</b>	<b>\$64,832.87</b>	<b>\$497,408.19</b>	<b>\$1,231,826.94</b>	<b>31%</b>	<b>\$1,634,987.60</b>
<b>Department 6030 - Countryside Adult Home Totals</b>		<b>(\$1,784,096.00)</b>	<b>(\$9,972.00)</b>	<b>(\$1,794,068.00)</b>	<b>(\$132,751.71)</b>	<b>(\$64,832.87)</b>	<b>(\$497,408.19)</b>	<b>(\$1,231,826.94)</b>	<b>31%</b>	<b>(\$1,634,987.60)</b>
<b>Department 6050 - Public Facil. For Children</b>										
<b>EXPENSE</b>										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	20,000.00	.00	20,000.00	12,180.40	.00	19,330.10	669.90	97	6,515.35
470	Contract	.00	.00	.00	.00	.00	.00	.00	+++	6,372.00
<b>Contractual Expense Totals</b>		<b>\$20,000.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>	<b>\$12,180.40</b>	<b>\$0.00</b>	<b>\$19,330.10</b>	<b>\$669.90</b>	<b>97%</b>	<b>\$12,887.35</b>
<b>EXPENSE TOTALS</b>		<b>\$20,000.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>	<b>\$12,180.40</b>	<b>\$0.00</b>	<b>\$19,330.10</b>	<b>\$669.90</b>	<b>97%</b>	<b>\$12,887.35</b>

# Expense Budget Performance Report

Fiscal Year to Date 04/30/16

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
<b>Fund A - General</b>										
Department 6050	Public Facil. For Children Totals	(\$20,000.00)	\$0.00	(\$20,000.00)	(\$12,180.40)	\$0.00	(\$19,330.10)	(\$669.90)	97%	(\$12,887.35)
Department 6055	Daycare EXPENSE									
	Contractual Expense									
470	Contract	1,515,000.00	.00	1,515,000.00	98,953.25	.00	280,267.08	1,234,732.92	18	1,289,591.76
	Contractual Expense Totals	\$1,515,000.00	\$0.00	\$1,515,000.00	\$98,953.25	\$0.00	\$280,267.08	\$1,234,732.92	18%	\$1,289,591.76
	EXPENSE TOTALS	\$1,515,000.00	\$0.00	\$1,515,000.00	\$98,953.25	\$0.00	\$280,267.08	\$1,234,732.92	18%	\$1,289,591.76
Department 6055	Daycare Totals	(\$1,515,000.00)	\$0.00	(\$1,515,000.00)	(\$98,953.25)	\$0.00	(\$280,267.08)	(\$1,234,732.92)	18%	(\$1,289,591.76)
Department 6070	Services for Recipients EXPENSE									
	Contractual Expense									
470	Contract	300,000.00	.00	300,000.00	53,295.82	.00	53,686.35	246,313.65	18	302,814.01
	Contractual Expense Totals	\$300,000.00	\$0.00	\$300,000.00	\$53,295.82	\$0.00	\$53,686.35	\$246,313.65	18%	\$302,814.01
	EXPENSE TOTALS	\$300,000.00	\$0.00	\$300,000.00	\$53,295.82	\$0.00	\$53,686.35	\$246,313.65	18%	\$302,814.01
Department 6070	Services for Recipients Totals	(\$300,000.00)	\$0.00	(\$300,000.00)	(\$53,295.82)	\$0.00	(\$53,686.35)	(\$246,313.65)	18%	(\$302,814.01)
Department 6100	Medicaid EXPENSE									
	Contractual Expense									
470	Contract	12,782,184.00	.00	12,782,184.00	927,672.00	.00	3,885,718.00	8,896,466.00	30	13,037,400.00
	Contractual Expense Totals	\$12,782,184.00	\$0.00	\$12,782,184.00	\$927,672.00	\$0.00	\$3,885,718.00	\$8,896,466.00	30%	\$13,037,400.00
	EXPENSE TOTALS	\$12,782,184.00	\$0.00	\$12,782,184.00	\$927,672.00	\$0.00	\$3,885,718.00	\$8,896,466.00	30%	\$13,037,400.00
Department 6100	Medicaid Totals	(\$12,782,184.00)	\$0.00	(\$12,782,184.00)	(\$927,672.00)	\$0.00	(\$3,885,718.00)	(\$8,896,466.00)	30%	(\$13,037,400.00)
Department 6101	Medical Assistance EXPENSE									
	Contractual Expense									
470	Contract	50,000.00	.00	50,000.00	.00	.00	.00	50,000.00	0	4,071.76
	Contractual Expense Totals	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	0%	\$4,071.76
	EXPENSE TOTALS	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	0%	\$4,071.76
Department 6101	Medical Assistance Totals	(\$50,000.00)	\$0.00	(\$50,000.00)	\$0.00	\$0.00	\$0.00	(\$50,000.00)	0%	(\$4,071.76)
Department 6109	Aid To Dependent Children EXPENSE									
	Contractual Expense									
470	Contract	2,050,000.00	.00	2,050,000.00	94,802.24	.00	467,288.72	1,582,711.28	23	2,015,347.31
	Contractual Expense Totals	\$2,050,000.00	\$0.00	\$2,050,000.00	\$94,802.24	\$0.00	\$467,288.72	\$1,582,711.28	23%	\$2,015,347.31
	EXPENSE TOTALS	\$2,050,000.00	\$0.00	\$2,050,000.00	\$94,802.24	\$0.00	\$467,288.72	\$1,582,711.28	23%	\$2,015,347.31
Department 6109	Aid To Dependent Children Totals	(\$2,050,000.00)	\$0.00	(\$2,050,000.00)	(\$94,802.24)	\$0.00	(\$467,288.72)	(\$1,582,711.28)	23%	(\$2,015,347.31)
Department 6119	Child Care EXPENSE									
	Contractual Expense									
470	Contract	3,600,000.00	.00	3,600,000.00	133,162.78	.00	760,378.07	2,839,621.93	21	3,454,892.47

# Expense Budget Performance Report

Fiscal Year to Date 04/30/16

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 6119 - Child Care	EXPENSE									
	<i>Contractual Expense Totals</i>	\$3,600,000.00	\$0.00	\$3,600,000.00	\$133,162.78	\$0.00	\$760,378.07	\$2,839,621.93	21%	\$3,454,892.47
	EXPENSE TOTALS	\$3,600,000.00	\$0.00	\$3,600,000.00	\$133,162.78	\$0.00	\$760,378.07	\$2,839,621.93	21%	\$3,454,892.47
Department 6119 - Child Care Totals		(\$3,600,000.00)	\$0.00	(\$3,600,000.00)	(\$133,162.78)	\$0.00	(\$760,378.07)	(\$2,839,621.93)	21%	(\$3,454,892.47)
Department 6140 - Home Relief	EXPENSE									
	<i>Contractual Expense Totals</i>	\$1,200,000.00	\$0.00	\$1,200,000.00	\$99,446.14	\$0.00	\$309,095.08	\$890,904.92	26%	\$1,163,871.47
	EXPENSE TOTALS	\$1,200,000.00	\$0.00	\$1,200,000.00	\$99,446.14	\$0.00	\$309,095.08	\$890,904.92	26%	\$1,163,871.47
Department 6140 - Home Relief Totals		(\$1,200,000.00)	\$0.00	(\$1,200,000.00)	(\$99,446.14)	\$0.00	(\$309,095.08)	(\$890,904.92)	26%	(\$1,163,871.47)
Department 6141 - Fuel Crisis Assistance	EXPENSE									
	<i>Contractual Expense Totals</i>	\$30,000.00	\$0.00	\$30,000.00	(\$4,747.21)	\$0.00	\$18,590.79	\$11,409.21	62%	(\$946.11)
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	(\$4,747.21)	\$0.00	\$18,590.79	\$11,409.21	62%	(\$946.11)
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	\$4,747.21	\$0.00	(\$18,590.79)	(\$11,409.21)	62%	\$946.11
Department 6142 - Emergency Aid For Adults	EXPENSE									
	<i>Contractual Expense Totals</i>	\$40,000.00	\$0.00	\$40,000.00	\$5,224.04	\$0.00	\$12,961.31	\$27,038.69	32%	\$49,435.97
	EXPENSE TOTALS	\$40,000.00	\$0.00	\$40,000.00	\$5,224.04	\$0.00	\$12,961.31	\$27,038.69	32%	\$49,435.97
Department 6142 - Emergency Aid For Adults Totals		(\$40,000.00)	\$0.00	(\$40,000.00)	(\$5,224.04)	\$0.00	(\$12,961.31)	(\$27,038.69)	32%	(\$49,435.97)
Department 7310 - Youth Program 4-H Camp	EXPENSE									
	<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 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									
	<i>Contractual Expense Totals</i>	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	0%	\$99.39
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	8.85	.00	29.52	236.48	11	143.55

# Expense Budget Performance Report

Fiscal Year to Date 04/30/16

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
<b>Fund A - General</b>										
Department 7311 - Youth Bureau										
EXPENSE										
Contractual Expense										
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	184.00	3,965.00	1,035.00	520.00	91	2,415.00
<i>Contractual Expense Totals</i>		\$6,136.00	\$0.00	\$6,136.00	\$192.85	\$3,965.00	\$1,064.52	\$1,106.48	82%	\$2,657.94
Other Benefits										
861	Retirees Hospitalization	13,484.00	.00	13,484.00	2,247.40	.00	4,494.80	8,989.20	33	13,292.20
<i>Other Benefits Totals</i>		\$13,484.00	\$0.00	\$13,484.00	\$2,247.40	\$0.00	\$4,494.80	\$8,989.20	33%	\$13,292.20
<b>EXPENSE TOTALS</b>		\$19,620.00	\$0.00	\$19,620.00	\$2,440.25	\$3,965.00	\$5,559.32	\$10,095.68	49%	\$15,950.14
Department 7311 - Youth Bureau Totals		(\$19,620.00)	\$0.00	(\$19,620.00)	(\$2,440.25)	(\$3,965.00)	(\$5,559.32)	(\$10,095.68)	49%	(\$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	3.99	.00	5.08	94.92	5	14.50
427	Memberships & Dues	225.00	.00	225.00	.00	.00	50.00	175.00	22	226.00
470	Contract	28,885.00	.00	28,885.00	.00	5,311.00	.00	23,574.00	18	28,885.00
<i>Contractual Expense Totals</i>		\$29,400.00	\$0.00	\$29,400.00	\$3.99	\$5,311.00	\$55.08	\$24,033.92	18%	\$29,317.48
<b>EXPENSE TOTALS</b>		\$29,400.00	\$0.00	\$29,400.00	\$3.99	\$5,311.00	\$55.08	\$24,033.92	18%	\$29,317.48
Department 7312 - Special Delinquency Prev. Totals		(\$29,400.00)	\$0.00	(\$29,400.00)	(\$3.99)	(\$5,311.00)	(\$55.08)	(\$24,033.92)	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
<i>Contractual Expense Totals</i>		\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$0.00	100%	\$50,875.00
<b>EXPENSE TOTALS</b>		\$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)
<b>Fund A - General Totals</b>		\$32,982,008.00	\$27,638.00	\$33,009,646.00	\$2,307,971.34	\$219,373.95	\$9,165,026.05	\$23,625,246.00		\$32,202,189.15
<b>Grand Totals</b>		\$32,982,008.00	\$27,638.00	\$33,009,646.00	\$2,307,971.34	\$219,373.95	\$9,165,026.05	\$23,625,246.00		\$32,202,189.15

WARREN COUNTY  
**Receipts by G/L Distribution Report - Detail**

REVENUE  
 APRIL 2016

From Date: 04/01/2016 - To Date: 04/30/2016

G/L Account Number      G/L Date      Due To/From Fund      Project      Transactions      Debit Amount      Credit Amount

Fund: A - General

Account: 400.00 - State&Federal,Social Services

Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount	
			04/30/2016		2	\$0.00	\$636,728.00
2016-00002061	2016-00000187	A 400.00	RF 2/2A S 0116 BA019046WARR	NYS Comptroller		168,776.00 ✓	
2016-00002061	2016-00000187	A 400.00	RD 2/2A F 0116 BA019104WARR	NYS Comptroller		467,952.00 ✓	
Account Total: State&Federal,Social Services					2	\$0.00	\$636,728.00
Fund Total: General						\$0.00	\$636,728.00
Grand Total:					2	\$0.00	\$636,728.00

+ STATE / FEDERAL  
 LOCAL  
193,716.50  
 830,444.50

WARREN COUNTY  
**Receipts by G/L Distribution Report - Detail**

From Date: 04/01/2016 - To Date: 04/30/2016

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Fund: A - General						
Department: 6010 - Social Services						
Account: 1810 - Administration						
	04/13/2016			2	\$0.00	\$1,268.17
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001636	2016-00000150	A.6010 1810	3/16 administration	Support Collection		252.50
2016-00001636	2016-00000150	A.6010 1810	3/16 federal fee monies	Support Collection		1,015.67
	04/30/2016			1	\$0.00	\$1,250.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001919	2016-00000171	A.6010 1810	4/16 cashbook receipts- Admin charges	DSS		1,250.00
Account Total: Administration				3	\$0.00	\$2,518.17
Account: 1811 - Medical Incentive Earning						
	04/07/2016			1	\$0.00	\$413.08
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001521	2016-00000145	A.6010 1811	3/16 food stamp incentive	DSS		413.08
	04/13/2016			1	\$0.00	\$4,330.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001636	2016-00000150	A.6010 1811	3/16 medical incentive earning	Support Collection		4,330.00
Account Total: Medical Incentive Earning				2	\$0.00	\$4,743.08
Department Total: Social Services					\$0.00	\$7,261.25

WARREN COUNTY  
**Receipts by G/L Distribution Report - Detail**

From Date: 04/01/2016 - To Date: 04/30/2016

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Department: 6030 - Countryside Adult Home						
Account: 1830 - Repay - Adult Care, Pub Inst						
	04/30/2016			2	\$0.00	\$36,856.25
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001919	2016-00000171	A.6030 1830	4/16 cashbook receipts - public home	DSS		20,258.95
2016-00001920	2016-00000171	A.6030 1830	April 2016 ACH- repay adult care , public inst	DSS		16,597.30
Account Total: Repay - Adult Care, Pub Inst				2	\$0.00	\$36,856.25
Department Total: Countryside Adult Home					\$0.00	\$36,856.25
Department: 6055 - Daycare						
Account: 1855 - Repayments of Day Care						
	04/30/2016			1	\$0.00	\$105.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001919	2016-00000171	A.6055 1855	4/16 cashbook receipts- day care	DSS		105.00
Account Total: Repayments of Day Care				1	\$0.00	\$105.00
Department Total: Daycare					\$0.00	\$105.00
Department: 6101 - Medical Assistance						
Account: 1801 - Repay of Medical Assist						
	04/13/2016			1	\$0.00	\$10,756.13
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001636	2016-00000150	A.6101 1801	3/16 repay of medical assistance	Support Collection		10,756.13

WARREN COUNTY  
**Receipts by G/L Distribution Report - Detail**

From Date: 04/01/2016 - To Date: 04/30/2016

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
	04/30/2016			1	\$0.00	\$26,943.22
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001919	2016-00000171	A.6101 1801	4/16 cashbook receipts - Medicaid	DSS		26,943.22
Account Total: Repay of Medical Assist				2	\$0.00	\$37,699.35
Department Total: Medical Assistance					\$0.00	\$37,699.35
Department: 6109 - Aid To Dependent Children						
Account: 1809 - Repay of Aid to A.D.C.						
	04/13/2016			3	\$0.00	\$53,402.06
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001636	2016-00000150	A.6109 1809	3/16 repay of aid to A.D.C.	Support Collection		48,915.47
2016-00001636	2016-00000150	A.6109 1809	3/16 repay of aid to A.D.C.	Support Collection		144.23
2016-00001636	2016-00000150	A.6109 1809	3/16 repay of aid to E.A.F.	Support Collection		4,342.36
	04/30/2016			1	\$0.00	\$2,953.09
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00001919	2016-00000171	A.6109 1809	4/16 cashbook receipts - A.D.C.	DSS		2,953.09
Account Total: Repay of Aid to A.D.C.				4	\$0.00	\$56,355.15
Department Total: Aid To Dependent Children					\$0.00	\$56,355.15
Department: 6119 - Child Care						
Account: 1819 - Repay of Child Care						
	04/13/2016			1	\$0.00	\$14,419.38
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount

WARREN COUNTY  
**Receipts by G/L Distribution Report - Detail**

From Date: 04/01/2016 - To Date: 04/30/2016

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount	
2016-00001636	2016-00000150	A.6119 1819		3/16 repay of child care			
	04/30/2016			Support Collection		14,419.38	
				1	\$0.00	\$31,759.49	
<b>Receipt Number</b>	<b>Receipt Batch Number</b>	<b>Payment Code</b>		<b>Transaction Description</b>	<b>Received From</b>	<b>Debit Amount</b>	<b>Credit Amount</b>
2016-00001919	2016-00000171	A.6119 1819		4/16 cashbook receipts - child welfare	DSS		31,759.49
<b>Account Total: Repay of Child Care</b>				2	\$0.00	\$46,178.87	
<b>Department Total: Child Care</b>					\$0.00	\$46,178.87	
<b>Department: 6140 - Home Relief</b>							
<b>Account: 1840 - Repay of Home Relief</b>							
	04/13/2016			1	\$0.00	\$1,952.31	
<b>Receipt Number</b>	<b>Receipt Batch Number</b>	<b>Payment Code</b>		<b>Transaction Description</b>	<b>Received From</b>	<b>Debit Amount</b>	<b>Credit Amount</b>
2016-00001636	2016-00000150	A.6140 1840		3/16 repay of home relief	Support Collection		1,952.31
	04/14/2016			1	\$0.00	\$3,594.10	
<b>Receipt Number</b>	<b>Receipt Batch Number</b>	<b>Payment Code</b>		<b>Transaction Description</b>	<b>Received From</b>	<b>Debit Amount</b>	<b>Credit Amount</b>
2016-00001671	2016-00000151	A.6140 1840		SSI Intern funds	Social Security Admin		3,594.10
	04/30/2016			1	\$0.00	\$1,082.19	
<b>Receipt Number</b>	<b>Receipt Batch Number</b>	<b>Payment Code</b>		<b>Transaction Description</b>	<b>Received From</b>	<b>Debit Amount</b>	<b>Credit Amount</b>
2016-00001919	2016-00000171	A.6140 1840		4/16 cashbook receipts - safety net	DSS		1,082.19
<b>Account Total: Repay of Home Relief</b>				3	\$0.00	\$6,628.60	

WARREN COUNTY  
**Receipts by G/L Distribution Report - Detail**

From Date: 04/01/2016 - To Date: 04/30/2016

G/L Account Number		G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Department Total: Home Relief						\$0.00	\$6,628.60
Department: 6141 - Fuel Crisis Assistance							
Account: 1841 - Repay of Home Energy Asst							
					04/30/2016		
					1	\$0.00	\$2,632.03
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From		Debit Amount	Credit Amount
2016-00001919	2016-00000171	A.6141 1841	4/16 cashbook receipts- HEAP	DSS			2,632.03
Account Total: Repay of Home Energy Asst					1	\$0.00	\$2,632.03
Department Total: Fuel Crisis Assistance						\$0.00	\$2,632.03
Fund Total: General						\$0.00	\$193,716.50
Grand Total:					20	\$0.00	\$193,716.50

Social Services - Overtime Report - Comparison 2015/2016

Week End	2015 OT	2016 OT	Reason	CPS (After Hrs/OnCall)	Foster Care	APS/CASA	Preventive	Chronic Care	TA/Employ	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	40.05	CPS-NR,Assessment,Notes/FC-Intake,Court	30.55	1.30						8.20
04/03/16	49.89	55.53	CPS-HV,Assessment, Notes/FC-Emergency,FV,notes/DV training	28.98	6.90					13.10	6.55
04/17/16	47.75	88.76	CPS-NR,HV,Court,Mtgs,Notes/FC-Court,Transport, Notes	54.91	5.80					16.05	12.00
05/01/16	42.37	47.24	CPS-Notes,HV,Assessments,removal/FC-Court,Mtg/Prev-Removal	26.04	1.28		1.17				18.75
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										
<b>Totals</b>	<b>1442.52</b>	<b>495.40</b>		<b>325.29</b>	<b>40.84</b>	<b>0.00</b>	<b>2.17</b>	<b>5.00</b>	<b>0.00</b>	<b>32.65</b>	<b>89.45</b>

Addition to the Agenda:

Action Item:

**Resolution Request:**

Notice of Intent to Fill Caseworker #27 position in the Foster Care Unit, Salary \$41,924, Grade 16, Step 3, due to resignation effective 5/26/16.

**Rationale:**

This is a mandated position.

# 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 #27** Base Salary of Position: **\$39,979** Grade: **16**  
Filling at Step # (If Known): **0** 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  
Employee No.: **12289** 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 PAN

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. AP 5-31-16

### 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 B. M. [Signature] Date 6/1/16

### 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 6/1/16

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

- 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] Date June 1, 2016