

**Health & Human Services Committee
Warren County Department of Social Services**

AGENDA

January 24, 2016

Committee Members: Supervisors Frasier, MacDonald, Vanselow, Montesi, Braymer, McDevitt, and Leggett.

I. Committee meeting called to order by Chairman

II. Motion to approve minutes of prior Committee meeting

III. Action Agenda/New Business

1. Request Resolution:

Notice of Intent to Fill the vacant position of Keyboard Specialist #2 in the Reception Unit, Salary \$25,823, Grade 3, Employee No. 10770, due to resignation effective December 16, 2016.

Rationale: This is a mandated position.

Please see Attachment #1

2. Request Resolution:

Requesting Authorization for the following mandatory trainings:

-CPS Foundations Part 1, Albany; Attendees: S. Raymond, A. Strother, A. Brownell; December 13-16 and December 19-22, 2016;

-CPS Response Training, Albany; Attendees: S. Raymond; January 9-13 and January 23-27, 2017;

-CPS Foundations Part 2, Albany; Attendees: J. Pratt, A. Chapman; January 18-20 and February 6-10, 2017;

-Foundations Part 1, Albany; Attendee: T. Choppa; February 13-17 and February 22-24, 2017;

-CPS Response Training, Albany; Attendee: T. Choppa; March 6-10 and March 20-22, 2017;

-Foundations Part 2, Albany; Attendee: S. Raymond; March 28-31 and April 18-21, 2017

-Foundations Part 2, Albany; Attendee: T. Choppa; May 23-26 and June 13-16, 2017.

Rationale: These are mandatory State trainings for Caseworkers.

Please see Attachment #2

3. Request Resolution:

Requesting permission for staff to attend the New York Public Welfare Association's Annual Winter Conference in Albany, NY from January 25 through 27, 2017.

Rationale: This is an essential conference for Social Services Department Heads and Senior Staff Members.

Please see Attachment #3

4. Request Resolution:

Request to Re-appointment member to the Warren County Youth Board: Lori O'Shaughnessy, Town of Queensbury.

Rationale: Term Expired December 31, 2016

Please see Attachment #4

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: Keyboard Specialist #2 Base Salary of Position: \$25,823 Grade: 3

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

Budget code and title: A6010 110 Union Non-Union

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

Employee No: 10770 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 *pen 1/23/17*

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. *1-23-17*

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. [Signature]* Date *1/23/17*

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 *1/23/17*

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 *Edna A. Travier* Date *1/24/17*

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Asha Strother, Anna Wichnik-Brownell and Sarah Raymond
(Supervisory Committee) (Employee Name)

to attend CPS Foundations Training Part I (S+T)
(Name of meeting or organization)

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

on December 13-16, 2016; and December 19 - 22 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 \$ n/a GSA* Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 12/9/16

Maureen Schmitt
Department Head Signature

Date: _____

Edna A. Trana
Committee Chairman Signature

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

Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

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

Cost Analysis
 Sarah Raymond
 Asha Strother
 Anna Weichnik-Brownell

Training **Date(s)**
 CPS Foundations 1 12/13-12/16/16
 12/19-12/22/16

Overnight
 # of miles/1 way _____
 X # trips _____
 Total # of miles 0

Commuting
 _____ 50
 _____ 16
 _____ 800

Cost of Training/Person \$ -
 # of staff attending _____
 \$ -
 Fleet Car - .25
 Overnight \$ -
 Commute \$ 200.00

Estimated Overtime

	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	41,924	20.16	30.23	12	362.80
#2	39,979	19.22	28.83	12	345.97
#3	39,979	19.22	28.83	12	345.97

Commuting OT \$ 1,054.75

	# of hrs	Total OT
#1	_____	0.00
#2	_____	0.00
#3	_____	0.00

Overnight OT \$ -

Hotel	# of days	Rate/night	Total Hotel Expense
			\$ -

Totals

Fleet Car + Training + Hotel + OT \$ -
 Fleet Car + Training + Overtime \$ 1,254.75

Collins, Joanne (DFA)

From: + STARS-Requests <STARS-Requests@bsc-cdhs.org>
 Sent: Wednesday, November 30, 2016 1:44 PM
 To: Fildes, Matthew (CDHS)
 Subject: Albany- HSLC WBT: CPS Foundation Training Part 1 T - 2016 (begins with online Pretest and WBT's)
 Attachments: 715551_Hotel Cancellation Policy.pdf; 715551_Registration_Form.pdf; 715551_TravelPolicy.pdf

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 T - 2016 (begins with online Pretest and WBT's)

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."			
12/05/16 to 01/09/17 Credited Hours: 1.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: CPS Foundation Training Part 1 T - 2016 (begins with online Pretest and WBT's) Human Services Learning Center https://www.hslcnys.org Location Phone: 0000000000	11/21/2016	
12/05/16 to 01/09/17 Credited Hours: 7.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: CPS Foundation Training Part 1 T - 2016 (begins with online Pretest and WBT's) test & WBT access Human Services Learning Center https://www.hslcnys.org Location Phone: 0000000000		
12/13/16 9:00am to 4:30pm 12/14/16 9:00am to 4:30pm 12/15/16 9:00am to 4:30pm 12/16/16 9:00am to 4:30pm	CPS Foundation Training Part 1 T-1 - 2016 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Chief Joseph Room - #204, 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
12/19/16 9:00am to 4:30pm 12/20/16 9:00am to 4:30pm 12/21/16 9:00am to 4:30pm 12/22/16 9:00am to 4:30pm	CPS Foundation Training Part 1 T-2 - 2016 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Chief Joseph Room - #204, 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
12/23/16 to 01/09/17 Credited Hours: 2.25	HSLC WBT: CPS Foundation Training Part 1 T -		

This class is taken online in the Human Services Learning Center (HSLC).	2016 Post Class Human Services Learning Center https://www.hslcnys.org Location Phone: 0000000000		
12/06/16 9:30am to 3:00pm	LL: Working with Progress Notes in CONNECTIONS CPS Foundations Part 1 T - 2016 LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
01/17/17 9:30am to 3:00pm	LL: Exploring the Person List Window of the FSS CPS Foundations Part 1 T - 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: 12/6/16 & 1/17/17.

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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Sarah Raymond
(Supervisory Committee) (Employee Name)

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

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

on January 9 - 13, 2016 and January 23 - 27, 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 \$ n/a GSA* Rate \$ _____
 - Meal costs - GSA* per diem rate \$ _____
- * www.gsa.gov

Date: 12/9/16

Mureen Schmitt
Department Head Signature

Date: _____

Edna G. Traseci
Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

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

Cost Analysis
 Sarah Raymond

Training
 CPS Response
 1/9-1/13/17
 1/23-1/27/17

		Cost of Training/Person		\$	-
		# of staff attending		<hr/>	
Overnight		Commuting		\$	-
# of miles/1 way	<hr/>	50			
X # trips	<hr/>	20			
Total # of miles	0	1000	X		
			Fleet Car - .25		
			Overnight	\$	-
			Commute	\$	250.00

Estimated Overtime

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	41,924	20.16	30.23	13.5	408.15		
#2	<hr/>	0.00	0.00	<hr/>	0.00	Commuting OT	\$ 408.15
#3	<hr/>	0.00	0.00	<hr/>	0.00		

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

Hotel	# of days	Rate/night	Total Hotel Expense
		\$ 57.50	\$ -

Totals		Fleet Car + Training + Hotel + OT	\$ -
		Fleet Car + Training + Overtime	\$ 658.15

Collins, Joanne (DFA)

From: + STARS-Requests <STARS-Requests@bsc-cdhs.org>
Sent: Wednesday, November 30, 2016 1:44 PM
To: Fildes, Matthew (CDHS)
Subject: Albany- HSLC WBT: Child Protective Services Response Training -T - 2016
Attachments: 715558_Hotel Cancellation Policy.pdf; 715558_Registration_Form.pdf; 715558_TravelPolicy.pdf

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HSLC Web Based Training Announcement

Training Title:

HSLC WBT: Child Protective Services Response Training -T - 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."			
01/02/17 to 01/27/17 Credited Hours: 2.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: Child Protective Services Response Training -T - 2016 Human Services Learning Center https://www.hslcnys.org Location Phone: 0000000000	12/19/2016	
01/09/17 1:00pm to 5:00pm 01/10/17 8:30am to 5:00pm 01/11/17 8:30am to 5:00pm 01/12/17 8:30am to 5:00pm 01/13/17 8:30am to 12:00pm	Child Protective Services Response Training -T-1 - 2016 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Chief Joseph Room - #204, 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
01/17/17 to 01/27/17 Credited Hours: 3.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: Child Protective Services Response Training -T - 2016 Mid-Week Human Services Learning Center https://www.hslcnys.org Location Phone: 0000000000		
01/19/17 9:00am to 4:00pm	LL: CPSRT T - 2016 CONNX Starting the Investigation in CONNECTIONS. LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
01/23/17 12:00pm to 5:00pm 01/24/17 8:30am to 5:00pm 01/25/17 9:00am to 4:00pm 01/26/17 8:30am to 5:00pm 01/27/17 8:30am to 12:00pm	Child Protective Services Response Training -T-2 - 2016 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Chief Joseph Room - #204, Albany NY 12205-		Springhill Suites Albany Colonie 8 California Ave, Albany 12205 Phone: 518 724-7999

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 January 2nd, 2017 and will be accessible until the completion of the training.

Mid Classroom On-Line Computer based components will be available on-line beginning on January 16th, 2017 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. 1/19/17: 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: Wednesday 1/25/17: 9AM - 4PM – will be held at 4 Tower Place Albany NY 12203

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 January 2nd, 2017, 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.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Alice Chapman and Janet Pratt
(Supervisory Committee) (Employee Name)

to attend CPS Foundations Part 2 P Training
(Name of meeting or organization)

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

on January 18 - 20, 2017 and February 6 - 10, 2017. 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 \$ 58.00 GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ _____

*www.gsa.gov

Date: 1/20/17

Mareen Schmidt
Department Head Signature

Date: _____

Edna G. Fraser
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:

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

Cost Analysis	Training	Date(s)
Janet Pratt	CPS Foundations II	1/18-1/20/17
Alice Chapman		2/6-2/10/17

Overnight		Commuting		Cost of Training/Person	
# of miles/1 way	<u>50</u>		<u>50</u>		\$ -
X # trips	<u>4</u>		<u>16</u>	# of staff attending	\$ -
Total # of miles	200		800		
				Fleet Car - .25	
				Overnight	\$ 50.00
				Commute	\$ 200.00

Estimated Overtime

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>39,979</u>	19.22	28.83	<u>12</u>	345.97		
#2	<u>39,979</u>	19.22	28.83	<u>12</u>	345.97	Commuting OT	\$ 691.94
#3	<u> </u>	0.00	0.00	<u> </u>	0.00		

		# of hrs	Total OT		
#1		<u>3</u>	86.49	Overnight OT	\$ 172.99
#2		<u>3</u>	86.49		
#3		<u> </u>	0.00		

Hotel	# of days	Rate/night	Total Hotel Expense
2 Staff	6	\$ 58.00	\$ 696.00

Totals		
	Fleet Car + Training + Hotel + OT	\$ 918.99
	Fleet Car + Training + Overtime	\$ 891.94

Collins, Joanne (DFA)

From: Schmidt, Maureen (DFA)
Sent: Tuesday, January 03, 2017 10:16 AM
To: Collins, Joanne (DFA)
Subject: FW: HSLC WBT: CPS Foundation Training Part 2 P - 2016 (begins with online Pretest and WBT's) -SDC Memo
Attachments: 720093_Hotel Cancellation Policy.pdf; 720093_TravelPolicy.pdf

DO we need to get permission for this travel?

From: Stars@bsc-cdhs.org [mailto:Stars@bsc-cdhs.org]
Sent: Saturday, December 24, 2016 5:16 AM
To: Collins, Joanne (DFA)
Cc: Schmidt, Maureen (DFA)
Subject: HSLC WBT: CPS Foundation Training Part 2 P - 2016 (begins with online Pretest and WBT's) -SDC Memo

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.

TRAINING CONFIRMATION

Dear Joanne Collins:

Staff Accepted

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

Maryalice Chapman, Janet Pratt

Class Title

HSLC WBT: CPS Foundation Training Part 2 P - 2016 (begins with online Pretest and WBT's)

Training Location	Class Date	Start Time	End Time
HSLC WBT: CPS Foundation Training Part 2 P - 2016 (begins with online Pretest and WBT's) Human Services Learning Center https://www.hslcnys.org Phone: 0000000000 Credited Hours: 1.00	12/27/2016 - 02/10/2017		
HSLC WBT: CPS Foundation Training Part 2 P - 2016 (begins with online Pretest and WBT's) test & WBT access Human Services Learning Center https://www.hslcnys.org Phone: 0000000000 Credited Hours: 13.00	12/27/2016 - 02/10/2017		
CPS Foundation Training Part 2 P-1 - 2016 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Rosa Park	01/18/2017 01/19/2017 01/20/2017	9:00am 9:00am 9:00am	4:30pm 4:30pm 4:30pm

Albany, NY 12205-1129
Site Contact: Amy Reynolds Comtois
Site Contact: Lolita McGee
Phone: (518) 435-1825

HSLC WBT: CPS Foundation Training Part 2 P - 2016 Mid-classroom WBTs
Human Services Learning Center
<https://www.hslcnys.org>
Phone: 0000000000
Credited Hours: 1.00

01/23/2017 -			
02/10/2017			
02/06/2017	9:00am	4:30pm	
02/07/2017	9:00am	4:30pm	
02/08/2017	9:00am	4:00pm	
02/09/2017	9:00am	4:30pm	
02/10/2017	9:00am	4:30pm	

CPS Foundation Training Part 2 P-2 - 2016
CDHS - Albany Regional Office
3 Marcus Blvd, Suite 105
Room: Rosa Park
Albany, NY 12205-1129
Site Contact: Amy Reynolds Comtois
Site Contact: Lolita McGee
Phone: (518) 435-1825

Please arrive 15 minutes before the start of the training to complete the necessary registration information.
(If specialized information is provided, please refer to information indicated in the Additional Information field.)

Additional Information

An online pretest and pre-classroom web-based instructional activities are part of the course and must be completed prior to classroom training.

This summary identifies steps involved in completing the training program beginning with the pre-classroom web-based training, a trainee self-assessment, on-the-job/field training activities and post-conferences. Beginning 12/27/2016 prior to the classroom training, you must engage in a series of pre-classroom web-based instructional activities as a prerequisite for the first week of classroom training, which begins on 1/18/2017. Access to the internet is required for participation in web-based training. Pre-classroom instructional activities will include a pretest, trainee self-assessment (provided in a paper booklet shipped to your district), and several brief web-based training components. This pre-classroom work lays 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 it takes to complete all of the pre-classroom components is approximately 14 hours including the pretest and self-assessment. It is crucial to take the pre-test in one sitting and anticipate it may take 1 hour. There are two brief web-based trainings to be taken during the mid-classroom weeks when you are back at your district. These mid-class WBTs will be taken via HSLC. The total amount of time you will need to complete the mid-classroom web-based training is approximately 1 hour.

A trainer, you, your supervisor, and staff development coordinator will participate in a post-core conference at your work site. The trainer will contact the district to arrange the date and time after you complete CPS Foundation Training Part 2.

Note: Completion of pre-classroom and mid-classroom web-based instructional activities as well as post-conferences is required for successful completion of CPS Foundation Training. A certificate of completion will be emailed directly to you by the Human Services Learning Center (HSLC) after you fully complete the course, including WBTs.

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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Tamar Choppa

(Supervisory Committee) (Employee Name)

to attend CPS Foundations Training Part I - C

(Name of meeting or organization)

at CDHS 3 Marcus Blvd Suite 105 Albany NY 12205

(Address)

on February 13 - 17, 2017; and February 22 - 24, 2017 . 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 \$ 58.00 GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ _____

* www.gsa.gov

Date: 1/20/17

Maureen Schmidt

Department Head Signature

Date: _____

Edna A. Francis

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

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

Cost Analysis

Tamar Choppa

Training

CPS Foundations 1

Date(s)

2/13-2/17/17
2/22-2/24/17

Cost of Training/Person

\$ -

of staff attending

\$ -

Overnight

of miles/1 way 50
X # trips 4
Total # of miles 200

Commuting

50
16
800

Fleet Car - .25

Overnight

\$ 50.00

Commute

\$ 200.00

Estimated Overtime

Commuting

	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>39,979</u>	19.22	28.83	<u>12</u>	345.97
#2	<u> </u>	0.00	0.00	<u> </u>	0.00
#3	<u> </u>	0.00	0.00	<u> </u>	0.00

Commuting OT

\$ 345.97

Overnight

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

Overnight OT

\$ -

Hotel

of days

Rate/night

Total Hotel Expense

6

\$

58.00

\$

348.00

Totals

Fleet Car + Training + Hotel + OT

\$ 398.00

Fleet Car + Training + Overtime

\$ 545.97

CPS Foundation Training Part 1 C-1 - 2017: Email Announcement To:

joanne.collins@dfa.state.ny.us

Send Email

Course: CPS Foundation Training Part 1
Class Status: Closed Nomination OK
No. Nominated: 20
Attachments:
Provider: SUC Buffalo - CDHS
Date: 02/13/2017 - 02/17/2017 , 2/22 - 2/24/17
Time(s): Day 1: 9:00am - 4:30pm , Day 2: 9:00am - 4:30pm , Day 3: 9:00am - 4:30pm , Day 4: 9:00am - 4:30pm , Day 5: 9:00am - 4:30pm
Location: CDHS - Albany Regional Office
 3 Marcus Blvd, Suite 105 Albany, NY 12205-1129 [find on map](#)
Lodging: Springhill Suites Albany Colonie 8 California Ave Albany 12205
Deadline: 01/11/2017
 Part 3 of 7 [show all parts](#)

T. Choppa

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).

Class 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 2/6/17, 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 2/13/17. 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-

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Tamar Choppa
(Supervisory Committee) (Employee Name)

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

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

on March 6-10, 2017 and March 20 - 22, 2017. 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 \$ n/a GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ _____

* www.gsa.gov

Date: 1/23/17

Mureen Schmidt
Department Head Signature

Date: _____

Edna A. Franier
Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

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

<u>Cost Analysis</u>		<u>Training</u>		<u>Date(s)</u>	
Tamar Choppa		Response Training		3/6-3/10/17	
				3/20-3/22/17	
		Cost of Training/Person		\$ -	
		# of staff attending		<u>\$ -</u>	
Overnight		Commuting			
# of miles/1 way	<u>50</u>		<u>50</u>		
X # trips	<u>4</u>		<u>16</u>		
Total # of miles	200		800	X	
		Fleet Car - .25			
		Overnight		\$ 50.00	
		Commute		\$ 200.00	
Estimated Overtime					
		Commuting			
	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>39,979</u>	19.22	28.83	<u>12</u>	345.97
#2	<u> </u>	0.00	0.00	<u> </u>	0.00
#3	<u> </u>	0.00	0.00	<u> </u>	0.00
				Commuting OT	
				\$ 345.97	
		Overnight			
			# of hrs	Total OT	
#1			<u> </u>	0.00	
#2			<u> </u>	0.00	
#3			<u> </u>	0.00	
				Overnight OT	
				\$ -	
Hotel	# of days		Rate/night	Total Hotel Expense	
	6		\$ 58.00	\$ 348.00	
Totals					
		Fleet Car + Training + Hotel + OT		\$ 398.00	
		Fleet Car + Training + Overtime		\$ 545.97	

Collins, Joanne (DFA)

110 3/16-10
3/20-22

From: Stars@bsc-cdhs.org
 Sent: Friday, December 16, 2016 11:27 PM
 To: Collins, Joanne (DFA)
 Subject: Albany- HSLC WBT: Child Protective Services Response Training -C - 2017
 Attachments: 720620_Hotel Cancellation Policy.pdf; 720620_Registration_Form.pdf; 720620_TravelPolicy.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 -C - 2017

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."			
02/27/17 to 03/24/17 Credited Hours: 2.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: Child Protective Services Response Training -C - 2017 Human Services Learning Center https://www.hslcnys.org Location Phone: 0000000000	02/13/2017	
03/06/17 1:00pm to 5:00pm 03/07/17 8:30am to 5:00pm 03/08/17 8:30am to 5:00pm 03/09/17 8:30am to 5:00pm 03/10/17 8:30am to 12:00pm	Child Protective Services Response Training -C-1 - 2017 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
03/13/17 to 03/24/17 Credited Hours: 3.00 This class is taken online in the Human Services Learning Center (HSLC).	HSLC WBT: Child Protective Services Response Training -C - 2017 Mid-Week Human Services Learning Center https://www.hslcnys.org Location Phone: 0000000000		
03/16/17 9:00am to 4:00pm	LL: CPSRT C - 2017 CONNX Starting the Investigation in CONNECTIONS LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
03/20/17 12:00pm to 5:00pm 03/21/17 8:30am to 5:00pm 03/22/17 9:00am to 4:00pm	Child Protective Services Response Training -C-2 - 2017 CDHS - Albany Regional Office		Springhill Suites Albany Colonie 8 California Ave, Albany 12205

03/23/17 8:30am to 5:00pm 03/24/17 8:30am to 12:00pm	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	Phone: 518 724-7999
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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 February 27, 2017 and will be accessible until the completion of the training.

Mid Classroom On-Line Computer based components will be available on-line beginning on March 13, 2017 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. 3/16/17: 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: Wednesday 3/22/17: 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 February 27, 2017, 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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Sarah Raymond

(Supervisory Committee) (Employee Name)

to attend CPS Foundations Part 2-T Training

(Name of meeting or organization)

at CDHS 3 Marcus Blvd Suite 105 Albany NY 12205

(Address)

on March 28-3, 2017 and April 18-21, 2017 . 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 \$ 58.00 GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 1/23/17

Mareen Schmidt
Department Head Signature

Date: _____

Edna A Fraser
Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

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

Cost Analysis	Training	Date(s)
Sarah Raymond	CPS Foundations II	3/28-3/31/17 4/18-4/21/17

Overnight		Commuting		Cost of Training/Person	\$	-
# of miles/1 way	<u>50</u>	<u>50</u>		# of staff attending		
X # trips	<u>4</u>	<u>16</u>				
Total # of miles	200	800	X	Fleet Car - .25		
				Overnight	\$	50.00
				Commute	\$	200.00

Estimated Overtime

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>39,979</u>	19.22	28.83	<u>12</u>	345.97		
#2	<u> </u>	0.00	0.00	<u> </u>	0.00	Commuting OT	\$ 345.97
#3	<u> </u>	0.00	0.00	<u> </u>	0.00		

		# 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
	6	\$ 58.00	\$ 348.00

Totals	Fleet Car + Training + Hotel + OT	\$ 398.00
	Fleet Car + Training + Overtime	\$ 545.97

04/20/17 9:00am to 4:30pm 04/21/17 9:00am to 4:30pm	CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: 2nd Flr Conference Room - #204, Albany NY 12205-1129 Contact: Amy Reynolds Comtois Contact Phone: 518-435-1825 x Location Phone: (518) 435-1825	Colonie 8 California Ave, Albany 12205 Phone: 518 724-7999
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Additional Information

This course is required for participants who attended CPS Foundation Training Part 1. It is only for those participants who attended CPS Foundation Training Part 1. Course Pre-Requisite: CPS Foundation Training Part 1 & Child Protective Services Response Training.

Participants can be registered for any CPS Foundation Training Part 2 delivery; however those who have attended the corresponding Part 1 will be given priority. We have given the same letter designations for CPS Foundation Training Part 2 offerings that correspond to CPS Foundation Training Part 1 as well as CPSRT classes for convenience in identifying the city and timeframes that best fit together.

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.

An online pretest and pre-classroom web-based instructional activities are a required part of the course and must be completed prior to classroom training.

This training now INCLUDES legal training consisting of one classroom day and two brief web-based activities related to exploring permanency options. Separate registration is NO LONGER required.

SDCs or designees must make sure accurate email addresses are in training participants' HSLC personnel accounts before they complete CPS Foundation Training Part 2. Certificates of completion will be emailed directly to participants after they fully complete the course, including WBTS.

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 work with children and families. This course is required in order for CPS Foundation participants to complete their "new caseworker" training.

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 work with children and families in order to achieve the child welfare outcomes of safety, permanency, and well-being.

The summary below identifies steps involved in completing the training program beginning with the pre-classroom web-based training, a trainee self-assessment, on-the-job/field training activities and post-conferences. Beginning 3/6/2017, prior to the classroom training, the trainee will engage in a series of pre-classroom web-based instructional activities as a prerequisite for the first week of classroom training, which begins on 3/28/2017. Access to the internet is required for participation in web-based training. Pre-classroom instructional activities will include a pretest, trainee self-assessment (provided in a paper booklet shipped to the district), and several brief web-based training components. This pre-classroom work lays the

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Tamar Choppa

(Supervisory Committee) (Employee Name)

to attend CPS Foundations Part 2 Training - C

(Name of meeting or organization)

at CDHS 3 Marcus Blvd Suite 105 Albany NY 12205

(Address)

on May 23-26, 2017 and June 13-16, 2017 . 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 \$n/a GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ _____

*www.gsa.gov

Date: 1/23/17

Maureen Schmidt
Department Head Signature

Date: _____

Edna A. Travers
Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

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

Cost Analysis
Tamar Choppa

Training
CPS Foundations II
Date(s)
5/23-5/26/17
6/13-6/16

Overnight
of miles/1 way
X # trips
Total # of miles

50
4
200

Commuting

50
16
800

Cost of Training/Person

\$ -

of staff attending

\$ -

Fleet Car - .25

Overnight

\$ 50.00

Commute

\$ 200.00

Estimated Overtime

Commuting

	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	39,979	19.22	28.83	12	345.97
#2		0.00	0.00		0.00
#3		0.00	0.00		0.00

Commuting OT

\$ 345.97

Overnight

	# of hrs	Total OT
#1		0.00
#2		0.00
#3		0.00

Overnight OT

\$ -

Hotel

of days
6

Rate/night

\$ 58.00

Total Hotel Expense

\$ 348.00

Totals

Fleet Car + Training + Hotel + OT

\$ 398.00

Fleet Car + Training + Overtime

\$ 545.97

06/13/17 9:00am to 4:30pm 06/14/17 9:00am to 4:00pm 06/15/17 9:00am to 4:30pm 06/16/17 9:00am to 4:30pm	CPS Foundation Training Part 2 C-2 - 2017 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: 2nd Flr Conference Room - #204, 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
--	--	--

Additional Information

This course is required for participants who attended CPS Foundation Training Part 1. It is only for those participants who attended CPS Foundation Training Part 1. Course Pre-Requisite: CPS Foundation Training Part 1 & Child Protective Services Response Training.

Participants can be registered for any CPS Foundation Training Part 2 delivery; however those who have attended the corresponding Part 1 will be given priority. We have given the same letter designations for CPS Foundation Training Part 2 offerings that correspond to CPS Foundation Training Part 1 as well as CPSRT classes for convenience in identifying the city and timeframes that best fit together.

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.

An online pretest and pre-classroom web-based instructional activities are a required part of the course and must be completed prior to classroom training.

This training now INCLUDES legal training consisting of one classroom day and two brief web-based activities related to exploring permanency options. Separate registration is NO LONGER required.

SDCs or designees must make sure accurate email addresses are in training participants' HSLC personnel accounts before they complete CPS Foundation Training Part 2. Certificates of completion will be emailed directly to participants after they fully complete the course, including WBTs.

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 work with children and families. This course is required in order for CPS Foundation participants to complete their "new caseworker" training.

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 work with children and families in order to achieve the child welfare outcomes of safety, permanency, and well-being.

The summary below identifies steps involved in completing the training program beginning with the pre-classroom web-based training, a trainee self-assessment, on-the-job/field training activities and post-conferences. Beginning 5/1/2017, prior to the classroom training, the trainee will engage in a series of pre-classroom web-based instructional activities as a prerequisite for the first week of classroom training, which begins on 5/23/2017. Access to the internet is required for participation in web-based training. Pre-classroom instructional activities will include a pretest, trainee self-assessment (provided in a paper booklet

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Maureen Schmidt, Cynthia Schrock Seeley, Sarah Merry, Tammy Breen, Chris Hanchett, Julie Pearl, Cindy Mulcahy and Elizabeth Burke
(Supervisory Committee) (Employee Name)

to attend New York Public Welfare Assoc Annual Winter Conference 2017
(Name of meeting or organization)

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

on January 25, 26, and 27, 2017. Mode of transportation to be used
County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

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

*www.gsa.gov

Date: 1/20/17

Maureen Schmidt
Department Head Signature

Date: _____

Edna A. Trasier
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.

**WARREN COUNTY
DEPARTMENT OF SOCIAL SERVICES**

CHECK NO. _____

MAUREEN SCHMIDT-COMMISSIONER

1340 STATE ROUTE 9
HUMAN SERVICES BUILDING
LAKE GEORGE, NEW YORK 12845
(518)761-6300

PO # _____ CODE _____

Vendor #

CLAIMANT'S NAME AND ADDRESS	New York Public Welfare Assoc. (NYPWA) 130 Washington Avenue Albany, NY 12210
--------------------------------------	---

DATES	Description of Materials or Services		
Jan. 24 - 27	2017 WINTER CONFERENCE FULL CONFERENCE -Maureen Schmidt, Commissioner -Cynthia Schrock Seeley, Deputy Commissioner and Chief Legal Counsel -Tammy Breen, Supervisor A		\$ 174.00 \$ 174.00 \$ 174.00
Jan. 26	ONE DAY REGISTRATIONS -Sarah Merry, Assistant Social Services Attorney	One FREE Reg	\$ -
Jan. 26	-Chris Hanchett, Foster Care Supervisor		\$ 113.00
Jan. 26	-Julie Pearl, Adult Protective Supervisor		\$ 113.00
Jan. 26	-Elizabeth Burke, Supervising Fraud Investigator		\$ 113.00
Jan. 25	-Cindy Mulcahy, Preventive Supervisor		\$ 113.00
	TOTAL		\$ 974.00

All purchases made by Warren County Department of Social Services are exempt from all taxes, including Sales Tax (# 14-6002576).

This is to certify that the several items in the foregoing account are just, true and correct, that the disbursements and services charged therein have in fact been made or rendered, and that no part of the amount claimed has been paid or satisfied.

SIGNATURE OF CLAIMANT _____
FEDERAL ID/SOCIAL SECURITY # _____

OFFICE USE ONLY

DEPARTMENTAL APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

DATE _____ AUTHORIZING OFFICIAL _____

RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: SOCIAL SERVICES

DATE: January 24, 2017

- (a) Name of Appointee: **Lori O'Shaughnessy**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA05 (03.18.16)**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Queensbury Parks & Recreation**
- (e) Address of Appointee: **742 Bay Rd, Queensbury, NY 12804**
- (f) Title of Appointment: **Youth Board Member**
- (g) Effective Date of Appointment: **January 1, 2017**
- (h) Termination Date of Appointment: **December 31, 2017**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee=s Name: Jessica Missita
2. Position: SWE3. Department: Medicaid/chroniccare
4. Course Title: Policing and Society
5. Institution or School: SUNY Plattsburgh
6. How Course Relates to Current Position: part of degree program, required
(Criminal Justice BA)
7. Starting Date: 1/23/17. Completion Date: 5/12/17
9. Cost: \$948.05 - (total) I receive a "scholarship" for being a military spouse, of
\$573.05 (my bill) \$375.00
10. Employee=s Signature: Jessica Missita Date: 1/6/17
11. Supervisor=s Comments (Approval/Denial)
Supervisor=s Signature: [Signature] Date: 1/6/17
12. Department Head=s Comments (Approval/Denial)
Department Head=s Signature: Mureen Schmidt Date: 1/19/17
13. Committee=s Recommendation:
Committee Chairman=s Signature: Edna G. Trane Date: _____

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a AC@, its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

Search

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Student Detail Schedule:

701093542 Jessica S. Missita
Spring 2017
Jan 10, 2017 10:20 am

Total Credit Hours: 3.000

Policing and Society - CRI 354 - GA

Associated Term: Spring 2017
CRN: 3010
Status: **Web Registered on Jan 03, 2017
Assigned Instructor: Creraig A. Dunton 
Grade Mode: Standard Letter
Credits: 3.000
Level: Undergraduate
Campus: Branch Campus

Scheduled Meeting Times

Type	Time	Days	Where	Date Range	Schedule Type	Instructors
Class	4:30 pm - 7:15 pm	T	Regional Higher Ed Center, ACC 0148	Jan 23, 2017 - May 12, 2017	Lecture	Creraig A Dunton (P) 

[Return to Previous](#)
RELEASE: 8.3.0.3

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SUNY Plattsburgh Tuition Bill Adjustments

701093542 Jessica S. Missita

Spring 2017

Jan 10, 2017 10:23 am

Spring 2017 Semester

Instructions:

1. **Adjust Charges** - Select optional fees from the drop down lists and press the "Update Charges" button.
2. **Confirm Enrollment** - After you have updated your charges, a Confirm Enrollment button will appear at the top of the page. Once your bill looks the way you want, click this button to confirm enrollment. Confirming your enrollment allows you to make web payments and the Student Accounts Office can begin processing your financial aid. However, future web adjustments of your charges will not be allowed.
3. **Pay Balance** - After you have confirmed your enrollment, you will be directed to a payment page where you can make payments via credit card or web check. Enrollment in the College Payment Plan is also available.
4. If you wish to add Cardinal Cash or enroll in our medical insurance plan and these options are not available on your bill, contact Student Accounts to learn more.

Parking fee is mandatory if you received a parking hang tag. The fee can only be removed if the hang tag is returned to University Police or the Student Accounts Office.

Your tuition bill is due on 24-JAN-2017. Please make adjustments and confirm enrollment before this date to avoid any administrative fees.

Due Date: 24-JAN-2017

Acct	Description	Charge	Payment	Pending Aid	Other Credit
TU	Tuition	810.00			
AC	ACC-Student ID Card	4.00			
AS	ACC-Student Association Fee	24.00			
AT	ACC Technology Fee	30.00			
CF	College Fee	2.55			
CS	Career Services Fee	6.00			
LR	M-Late Registration	40.00			
QP	ACC-Parking Fee	15.00			
TH	Technology Fee	16.50			
PS12	Check-Priv Scholarship-One		375.00		
Options:					
FO	Meal Plan	NONE- 0.00			
CC	Cardinal Cash	0.00			
Totals		948.05	375.00	0.00	0.00
					Balance Due: 573.05

*The optional Student Alumni Fee may only be declined by visiting the Office of Alumni Relations and requesting a fee waiver/reimbursement within two weeks of the start of the semester. See College Fee Brochure for more information.

Attach a note with your tuition bill;

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR DECEMBER 2016

FUND(S): A

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

EXPENSES	2016 BUDGETED	DEC 2016 EXP	DEC 2015 EXP	2016 YTD ACTUAL	2015 Prior Year Totals
110 Salaries - Regular	\$5,746,066.00	\$417,973.87	\$412,554.60	\$5,415,042.01	\$5,384,752.81
120 Salaries - Overtime	\$80,222.00	\$7,086.95	\$8,839.81	\$73,487.31	\$67,959.36
130 Salaries - Part Time	\$195,541.00	\$24,469.52	\$23,642.97	\$234,149.68	\$219,908.66
100's PERSONAL SERVICES Total	\$6,021,829.00	\$449,530.34	\$445,037.38	\$5,722,679.00	\$5,672,620.83
200's EQUIPMENT	\$21,600.00	\$14,220.00	\$3,034.32	\$68,215.58	\$68,621.56
400's CONTRACTUAL	\$23,308,081.00	\$2,389,679.38	\$1,784,511.90	\$21,417,134.33	\$22,854,930.56
800's EMPLOYEE BENEFITS	\$3,630,498.00	\$280,771.50	\$274,972.62	\$3,470,663.11	\$3,606,016.20
TOTALS	\$32,982,008.00	\$3,134,201.22	\$2,507,556.22	\$30,678,692.02	\$32,202,189.15

REVENUES	2016 BUDGETED	DEC 2016 REVENUE	DEC 2015 REVENUE	2016 YTD ACTUAL	2015 Prior Year Totals
	\$16,151,956.00	\$2,032,714.60	\$1,811,512.04	\$14,706,523.08	\$15,777,219.98

\$16,739,237.68

Expense Budget Performance Report

Fiscal Year to Date 12/31/16

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Employee Benefits</i>										
810	Retirement	741,451.00	.00	741,451.00	52,010.44	.00	714,880.25	26,570.75	96	785,796.06
830	Social Security	319,157.00	.00	319,157.00	22,516.96	.00	287,291.34	31,865.66	90	284,756.04
831	Medicare Contribution	74,645.00	.00	74,645.00	5,266.16	.00	67,189.24	7,455.76	90	66,595.97
860	Hospitalization	1,426,775.00	.00	1,426,775.00	126,822.33	.00	1,438,925.21	(12,150.21)	101	1,461,861.90
865	Dental Insurance	22,344.00	.00	22,344.00	1,864.00	.00	22,265.73	78.27	100	21,386.00
<i>Employee Benefits Totals</i>		\$2,584,372.00	\$0.00	\$2,584,372.00	\$208,479.89	\$0.00	\$2,530,551.77	\$53,820.23	98%	\$2,620,395.97
<i>Other Benefits</i>										
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	7,189.29	29,810.71	19	2,248.55
855	Disability	5,000.00	.00	5,000.00	.00	.00	4,088.69	911.31	82	6,853.97
861	Retirees Hospitalization	401,816.00	.00	401,816.00	31,458.93	.00	366,748.44	35,067.56	91	377,594.48
<i>Other Benefits Totals</i>		\$496,501.00	\$0.00	\$496,501.00	\$31,458.93	\$0.00	\$430,710.96	\$65,790.04	87%	\$444,175.01
EXPENSE TOTALS		\$9,467,888.00	(\$15,788.82)	\$9,452,099.18	\$708,624.19	\$21,959.12	\$8,877,907.38	\$552,232.68	94%	\$9,116,692.94
Department 6010 - Social Services Totals		(\$9,467,888.00)	\$15,788.82	(\$9,452,099.18)	(\$708,624.19)	(\$21,959.12)	(\$8,877,907.38)	(\$552,232.68)	94%	(\$9,116,692.94)
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	674,222.00	.00	674,222.00	45,248.82	.00	607,312.92	66,909.08	90	631,936.80
120	Salaries - Overtime	31,000.00	.00	31,000.00	2,546.76	.00	25,343.31	5,656.69	82	22,364.94
130	Salaries - Part Time	168,786.00	.00	168,786.00	14,699.77	.00	170,695.33	(1,909.33)	101	152,048.87
<i>Personal Services Totals</i>		\$874,008.00	\$0.00	\$874,008.00	\$62,495.35	\$0.00	\$803,351.56	\$70,656.44	92%	\$806,350.61
<i>Equipment</i>										
210	Furniture/Furnishings	5,300.00	1,000.00	6,300.00	.00	3,134.89	1,221.83	1,943.28	69	6,281.11
220	Office Equipment	.00	200.00	200.00	.00	.00	.00	200.00	0	.00
260	Other Equipment	1,100.00	43,191.00	44,291.00	95.00	.00	43,650.91	640.09	99	2,345.32
270	Lawn & Landscaping	200.00	.00	200.00	.00	.00	.00	200.00	0	.00
<i>Equipment Totals</i>		\$6,600.00	\$44,391.00	\$50,991.00	\$95.00	\$3,134.89	\$44,872.74	\$2,983.37	94%	\$8,626.43
<i>Contractual Expense</i>										
410	Supplies	31,000.00	2,200.00	33,200.00	2,229.94	5,785.91	24,955.53	2,458.56	93	26,723.89
413	Repair & Maint.-Bldg/Property	35,000.00	12,972.00	47,972.00	1,011.50	3,310.49	39,744.91	4,916.60	90	23,933.51
415	Electricity	28,000.00	.00	28,000.00	1,701.60	.00	22,334.94	5,665.06	80	26,109.15
416	Oil & Gas-Heating	43,000.00	(9,000.00)	34,000.00	987.20	301.87	16,371.81	17,326.32	49	27,250.95
418	Ins-General Liability	9,427.00	.00	9,427.00	.00	.00	9,138.18	288.82	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	16.15	.00	1,809.81	1,190.19	60	2,550.77
424	Postage	700.00	.00	700.00	2.32	.00	195.65	504.35	28	169.24
426	Subscriptions	270.00	6.00	276.00	.00	.00	275.81	.19	100	265.20

Expense Budget Performance Report

Fiscal Year to Date 12/31/16
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 6030 - Countryside Adult Home										
EXPENSE										
<i>Contractual Expense</i>										
428	Data Processing & Internet Fees	1,250.00	.00	1,250.00	.00	20.48	1,139.52	90.00	93	1,143.81
432	Special Project Supply	2,000.00	(1,506.00)	494.00	.00	.00	172.76	321.24	35	337.85
434	Allowances	21,800.00	(5,200.00)	16,600.00	1,300.00	.00	16,250.00	350.00	98	15,850.00
435	Medical Fees	3,200.00	(1,000.00)	2,200.00	.00	.00	1,390.00	810.00	63	2,386.00
436	Advertising Fees	2,000.00	.00	2,000.00	.00	.00	298.70	1,701.30	15	.00
437	Consulting Fees	15,000.00	2,000.00	17,000.00	1,143.71	895.48	16,104.52	.00	100	15,768.09
439	Misc Fees & Expenses	2,000.00	(1,000.00)	1,000.00	99.25	.00	688.61	311.39	69	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	.00	.00	977.18	2,022.82	33	2,431.58
442	Automotive - Gas & Oil	2,600.00	.00	2,600.00	57.06	.00	973.40	1,626.60	37	1,447.94
444	Travel/Education/Conference	1,500.00	(500.00)	1,000.00	.00	.00	959.00	41.00	96	1,666.39
445	Foods	119,500.00	.00	119,500.00	5,481.89	14,821.10	93,149.51	11,529.39	90	101,903.93
451	Medical Supply Expense	6,000.00	.00	6,000.00	160.24	1,579.76	2,544.62	1,875.62	69	2,752.96
453	Uniforms & Clothing	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	35,000.00	1,000.00	36,000.00	845.04	2,272.36	32,993.24	734.40	98	28,404.15
<i>Contractual Expense Totals</i>		\$367,347.00	(\$28.00)	\$367,319.00	\$15,035.90	\$28,987.45	\$282,467.70	\$55,863.85	85%	\$291,857.54
<i>Employee Benefits</i>										
810	Retirement	116,072.00	.00	116,072.00	7,497.13	.00	105,674.19	10,397.81	91	118,412.37
830	Social Security	54,189.00	.00	54,189.00	3,629.90	.00	47,125.45	7,063.55	87	47,141.17
831	Medicare Contribution	12,675.00	.00	12,675.00	848.91	.00	11,021.29	1,653.71	87	11,024.94
860	Hospitalization	236,231.00	.00	236,231.00	19,337.12	.00	221,044.34	15,186.66	94	248,026.82
865	Dental Insurance	3,984.00	.00	3,984.00	280.00	.00	3,430.00	554.00	86	3,974.00
<i>Employee Benefits Totals</i>		\$423,151.00	\$0.00	\$423,151.00	\$31,593.06	\$0.00	\$388,295.27	\$34,855.73	92%	\$428,579.30
<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	3,818.00	2,482.00	61	758.00
855	Disability	3,801.00	.00	3,801.00	.00	.00	1,183.21	2,617.79	31	1,021.11
861	Retirees Hospitalization	97,869.00	.00	97,869.00	8,093.60	.00	97,577.25	291.75	100	92,753.97
<i>Other Benefits Totals</i>		\$112,990.00	\$0.00	\$112,990.00	\$8,093.60	\$0.00	\$107,598.39	\$5,391.61	95%	\$99,573.72
EXPENSE TOTALS		\$1,784,096.00	\$44,363.00	\$1,828,459.00	\$117,312.91	\$32,122.34	\$1,626,585.66	\$169,751.00	91%	\$1,634,987.60
Department 6030 - Countryside Adult Home Totals		(\$1,784,096.00)	(\$44,363.00)	(\$1,828,459.00)	(\$117,312.91)	(\$32,122.34)	(\$1,626,585.66)	(\$169,751.00)	91%	(\$1,634,987.60)
Department 6050 - Public Facil. For Children										
EXPENSE										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	20,000.00	17,591.82	37,591.82	6,960.00	.00	33,540.50	4,051.32	89	6,515.35
470	Contract	.00	.00	.00	.00	.00	.00	.00	+++	6,372.00
<i>Contractual Expense Totals</i>		\$20,000.00	\$17,591.82	\$37,591.82	\$6,960.00	\$0.00	\$33,540.50	\$4,051.32	89%	\$12,887.35

Expense Budget Performance Report

Fiscal Year to Date 12/31/16

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										
	EXPENSE TOTALS	\$20,000.00	\$17,591.82	\$37,591.82	\$6,960.00	\$0.00	\$33,540.50	\$4,051.32	89%	\$12,887.35
	Department 6050 - Public Facil. For Children Totals	(\$20,000.00)	(\$17,591.82)	(\$37,591.82)	(\$6,960.00)	\$0.00	(\$33,540.50)	(\$4,051.32)	89%	(\$12,887.35)
	Department 6055 - Daycare									
	EXPENSE									
	Contractual Expense									
470	Contract	1,515,000.00	.00	1,515,000.00	86,561.28	.00	1,112,945.32	402,054.68	73	1,289,591.76
	Contractual Expense Totals	\$1,515,000.00	\$0.00	\$1,515,000.00	\$86,561.28	\$0.00	\$1,112,945.32	\$402,054.68	73%	\$1,289,591.76
	EXPENSE TOTALS	\$1,515,000.00	\$0.00	\$1,515,000.00	\$86,561.28	\$0.00	\$1,112,945.32	\$402,054.68	73%	\$1,289,591.76
	Department 6055 - Daycare Totals	(\$1,515,000.00)	\$0.00	(\$1,515,000.00)	(\$86,561.28)	\$0.00	(\$1,112,945.32)	(\$402,054.68)	73%	(\$1,289,591.76)
	Department 6070 - Services for Recipients									
	EXPENSE									
	Contractual Expense									
470	Contract	300,000.00	.00	300,000.00	5,000.00	.00	157,692.05	142,307.95	53	302,814.01
	Contractual Expense Totals	\$300,000.00	\$0.00	\$300,000.00	\$5,000.00	\$0.00	\$157,692.05	\$142,307.95	53%	\$302,814.01
	EXPENSE TOTALS	\$300,000.00	\$0.00	\$300,000.00	\$5,000.00	\$0.00	\$157,692.05	\$142,307.95	53%	\$302,814.01
	Department 6070 - Services for Recipients Totals	(\$300,000.00)	\$0.00	(\$300,000.00)	(\$5,000.00)	\$0.00	(\$157,692.05)	(\$142,307.95)	53%	(\$302,814.01)
	Department 6100 - Medicaid									
	EXPENSE									
	Contractual Expense									
470	Contract	12,782,184.00	(410,000.00)	12,372,184.00	1,328,864.00	.00	12,359,639.00	12,545.00	100	13,037,400.00
	Contractual Expense Totals	\$12,782,184.00	(\$410,000.00)	\$12,372,184.00	\$1,328,864.00	\$0.00	\$12,359,639.00	\$12,545.00	100%	\$13,037,400.00
	EXPENSE TOTALS	\$12,782,184.00	(\$410,000.00)	\$12,372,184.00	\$1,328,864.00	\$0.00	\$12,359,639.00	\$12,545.00	100%	\$13,037,400.00
	Department 6100 - Medicaid Totals	(\$12,782,184.00)	\$410,000.00	(\$12,372,184.00)	(\$1,328,864.00)	\$0.00	(\$12,359,639.00)	(\$12,545.00)	100%	(\$13,037,400.00)
	Department 6101 - Medical Assistance									
	EXPENSE									
	Contractual Expense									
470	Contract	50,000.00	(40,000.00)	10,000.00	.00	.00	1,214.20	8,785.80	12	4,071.76
	Contractual Expense Totals	\$50,000.00	(\$40,000.00)	\$10,000.00	\$0.00	\$0.00	\$1,214.20	\$8,785.80	12%	\$4,071.76
	EXPENSE TOTALS	\$50,000.00	(\$40,000.00)	\$10,000.00	\$0.00	\$0.00	\$1,214.20	\$8,785.80	12%	\$4,071.76
	Department 6101 - Medical Assistance Totals	(\$50,000.00)	\$40,000.00	(\$10,000.00)	\$0.00	\$0.00	(\$1,214.20)	(\$8,785.80)	12%	(\$4,071.76)
	Department 6109 - Aid To Dependent Children									
	EXPENSE									
	Contractual Expense									
470	Contract	2,050,000.00	25,000.00	2,075,000.00	268,208.11	.00	1,893,818.23	181,181.77	91	2,015,347.31
	Contractual Expense Totals	\$2,050,000.00	\$25,000.00	\$2,075,000.00	\$268,208.11	\$0.00	\$1,893,818.23	\$181,181.77	91%	\$2,015,347.31
	EXPENSE TOTALS	\$2,050,000.00	\$25,000.00	\$2,075,000.00	\$268,208.11	\$0.00	\$1,893,818.23	\$181,181.77	91%	\$2,015,347.31
	Department 6109 - Aid To Dependent Children Totals	(\$2,050,000.00)	(\$25,000.00)	(\$2,075,000.00)	(\$268,208.11)	\$0.00	(\$1,893,818.23)	(\$181,181.77)	91%	(\$2,015,347.31)

Expense Budget Performance Report

Fiscal Year to Date 12/31/16

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										
Contractual Expense										
470	Contract	3,600,000.00	400,000.00	4,000,000.00	521,105.25	.00	3,533,172.06	466,827.94	88	3,454,892.47
Contractual Expense Totals		\$3,600,000.00	\$400,000.00	\$4,000,000.00	\$521,105.25	\$0.00	\$3,533,172.06	\$466,827.94	88%	\$3,454,892.47
EXPENSE TOTALS		\$3,600,000.00	\$400,000.00	\$4,000,000.00	\$521,105.25	\$0.00	\$3,533,172.06	\$466,827.94	88%	\$3,454,892.47
Department 6119 - Child Care Totals		(\$3,600,000.00)	(\$400,000.00)	(\$4,000,000.00)	(\$521,105.25)	\$0.00	(\$3,533,172.06)	(\$466,827.94)	88%	(\$3,454,892.47)
Department 6123 - Juvenile Delinquent Care										
EXPENSE										
Contractual Expense										
470	Contract	.00	7,063.00	7,063.00	(133.38)	.00	5,850.82	1,212.18	83	.00
Contractual Expense Totals		\$0.00	\$7,063.00	\$7,063.00	(\$133.38)	\$0.00	\$5,850.82	\$1,212.18	83%	\$0.00
EXPENSE TOTALS		\$0.00	\$7,063.00	\$7,063.00	(\$133.38)	\$0.00	\$5,850.82	\$1,212.18	83%	\$0.00
Department 6123 - Juvenile Delinquent Care Totals		\$0.00	(\$7,063.00)	(\$7,063.00)	\$133.38	\$0.00	(\$5,850.82)	(\$1,212.18)	83%	\$0.00
Department 6129 - State Training School										
EXPENSE										
Contractual Expense										
470	Contract	.00	60,000.00	60,000.00	.00	.00	.00	60,000.00	0	.00
Contractual Expense Totals		\$0.00	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$60,000.00	0%	\$0.00
EXPENSE TOTALS		\$0.00	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$60,000.00	0%	\$0.00
Department 6129 - State Training School Totals		\$0.00	(\$60,000.00)	(\$60,000.00)	\$0.00	\$0.00	\$0.00	(\$60,000.00)	0%	\$0.00
Department 6140 - Home Relief										
EXPENSE										
Contractual Expense										
470	Contract	1,200,000.00	(25,000.00)	1,175,000.00	80,259.06	.00	906,323.51	268,676.49	77	1,163,871.47
Contractual Expense Totals		\$1,200,000.00	(\$25,000.00)	\$1,175,000.00	\$80,259.06	\$0.00	\$906,323.51	\$268,676.49	77%	\$1,163,871.47
EXPENSE TOTALS		\$1,200,000.00	(\$25,000.00)	\$1,175,000.00	\$80,259.06	\$0.00	\$906,323.51	\$268,676.49	77%	\$1,163,871.47
Department 6140 - Home Relief Totals		(\$1,200,000.00)	\$25,000.00	(\$1,175,000.00)	(\$80,259.06)	\$0.00	(\$906,323.51)	(\$268,676.49)	77%	(\$1,163,871.47)
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
Contractual Expense										
470	Contract	30,000.00	.00	30,000.00	.00	.00	18,117.04	11,882.96	60	(946.11)
Contractual Expense Totals		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$18,117.04	\$11,882.96	60%	(\$946.11)
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$18,117.04	\$11,882.96	60%	(\$946.11)
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.00	\$0.00	(\$18,117.04)	(\$11,882.96)	60%	\$946.11

Expense Budget Performance Report

Fiscal Year to Date 12/31/16

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 6142 - Emergency Aid For Adults										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	40,000.00	.00	40,000.00	1,114.85	.00	32,462.86	7,537.14	81	49,435.97
<i>Contractual Expense Totals</i>		40,000.00	\$0.00	\$40,000.00	\$1,114.85	\$0.00	\$32,462.86	\$7,537.14	81%	\$49,435.97
EXPENSE TOTALS		40,000.00	\$0.00	\$40,000.00	\$1,114.85	\$0.00	\$32,462.86	\$7,537.14	81%	\$49,435.97
Department 6142 - Emergency Aid For Adults Totals		(\$40,000.00)	\$0.00	(\$40,000.00)	(\$1,114.85)	\$0.00	(\$32,462.86)	(\$7,537.14)	81%	(\$49,435.97)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	25,000.00	.00	25,000.00	.00	.00	25,000.00	.00	100	25,000.00
<i>Contractual Expense Totals</i>		25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
EXPENSE TOTALS		25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
Department 7310 - Youth Program 4-H Camp Totals		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	(\$25,000.00)	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
<i>Contractual Expense</i>										
410	Supplies	100.00	300.00	400.00	.00	.00	100.00	300.00	25	99.39
423	Telephone	100.00	(100.00)	.00	.00	.00	.00	.00	+++	.00
424	Postage	266.00	(200.00)	66.00	.00	.00	45.03	20.97	68	143.55
444	Travel/Education/Conference	150.00	.00	150.00	.00	.00	.00	150.00	0	.00
470	Contract	5,520.00	.00	5,520.00	368.00	2,033.00	2,967.00	520.00	91	2,415.00
<i>Contractual Expense Totals</i>		\$6,136.00	\$0.00	\$6,136.00	\$368.00	\$2,033.00	\$3,112.03	\$990.97	84%	\$2,657.94
<i>Other Benefits</i>										
861	Retirees Hospitalization	13,484.00	.00	13,484.00	1,146.02	.00	13,506.72	(22.72)	100	13,292.20
<i>Other Benefits Totals</i>		\$13,484.00	\$0.00	\$13,484.00	\$1,146.02	\$0.00	\$13,506.72	(\$22.72)	100%	\$13,292.20
EXPENSE TOTALS		\$19,620.00	\$0.00	\$19,620.00	\$1,514.02	\$2,033.00	\$16,618.75	\$968.25	95%	\$15,950.14
Department 7311 - Youth Bureau Totals		(\$19,620.00)	\$0.00	(\$19,620.00)	(\$1,514.02)	(\$2,033.00)	(\$16,618.75)	(\$968.25)	95%	(\$15,950.14)
Department 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Contractual Expense</i>										
410	Supplies	190.00	49.00	239.00	73.27	.00	76.15	162.85	32	191.98
424	Postage	100.00	(50.00)	50.00	1.21	.00	7.03	42.97	14	14.50
427	Memberships & Dues	225.00	1.00	226.00	.00	.00	226.00	.00	100	226.00
470	Contract	28,885.00	5,900.00	34,785.00	3,090.00	16,338.00	18,447.00	.00	100	28,885.00
<i>Contractual Expense Totals</i>		\$29,400.00	\$5,900.00	\$35,300.00	\$3,164.48	\$16,338.00	\$18,756.18	\$205.82	99%	\$29,317.48
EXPENSE TOTALS		\$29,400.00	\$5,900.00	\$35,300.00	\$3,164.48	\$16,338.00	\$18,756.18	\$205.82	99%	\$29,317.48
Department 7312 - Special Delinquency Prev. Totals		(\$29,400.00)	(\$5,900.00)	(\$35,300.00)	(\$3,164.48)	(\$16,338.00)	(\$18,756.18)	(\$205.82)	99%	(\$29,317.48)

Expense Budget Performance Report

Fiscal Year to Date 12/31/16

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 7313 - Youth Court										
	EXPENSE									
	Contractual Expense									
470	Contract	68,820.00	.00	68,820.00	5,646.45	9,771.54	59,048.46	.00	100	50,875.00
	Contractual Expense Totals	\$68,820.00	\$0.00	\$68,820.00	\$5,646.45	\$9,771.54	\$59,048.46	\$0.00	100%	\$50,875.00
	EXPENSE TOTALS	\$68,820.00	\$0.00	\$68,820.00	\$5,646.45	\$9,771.54	\$59,048.46	\$0.00	100%	\$50,875.00
Department 7313 - Youth Court Totals		(\$68,820.00)	\$0.00	(\$68,820.00)	(\$5,646.45)	(\$9,771.54)	(\$59,048.46)	\$0.00	100%	(\$50,875.00)
Fund A - General Totals		\$32,982,008.00	\$69,129.00	\$33,051,137.00	\$3,134,201.22	\$82,224.00	\$30,678,692.02	\$2,290,220.98		\$32,202,189.15
Grand Totals		\$32,982,008.00	\$69,129.00	\$33,051,137.00	\$3,134,201.22	\$82,224.00	\$30,678,692.02	\$2,290,220.98		\$32,202,189.15

WARREN COUNTY
Receipts by G/L Distribution Report - Detail

From Date: 12/01/2016 - To Date: 12/31/2016

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						
	12/27/2016			1	\$0.00	\$23,012.58
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00006180	2016-00000560	A 400.00	4-6/30/16 STSTP Claim	NYS Comptroller		23,012.58
	12/28/2016			2	\$0.00	\$773,658.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00006208	2016-00000561	A 400.00	RF 2/2A F FSE&T ADMBA022841WARR	NYS Comptroller		2.00
2016-00006277	2016-00000561	A 400.00	FFFS SFY 16 Payment BA022898WARR	NYS Comptroller		773,656.00
	12/31/2016			3	\$0.00	\$1,111,462.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
2016-00006239	2016-00000570	A 400.00	RF 2/2A F 0916 BA022959WARR	NYS Comptroller		387,517.00
2016-00006239	2016-00000570	A 400.00	RF 2/2A S 0916 BA023020WARR	NYS Comptroller		249,394.00
2016-00006273	2016-00000570	A 400.00	SFY 16-17 / FFY 15-16 BA023078WARR	NYS Comptroller		474,551.00
Account Total: State&Federal,Social Services				6	\$0.00	\$1,908,132.58
Fund Total: General					\$0.00	\$1,908,132.58
Grand Total:				6	\$0.00	\$1,908,132.58

FED & STATE

+ LOCAL

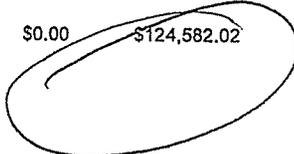
TOTAL REVENUE 2,032,714.60
DEC 2016

124,587.02

WARREN COUNTY
Receipts by G/L Distribution Report - Detail

From Date: 12/01/2016 - To Date: 12/31/2016

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
2016-00005965	2016-00000553	A.6140 1840	SSI Interm funds	Unit US Treasury		195.00
Account Total: Repay of Home Relief				3	\$0.00	\$3,424.34
Department Total: Home Relief					\$0.00	\$3,424.34
Fund Total: General					\$0.00	\$124,582.02
Grand Total:				20	\$0.00	\$124,582.02



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	43.23	CPS-NR,Home Visit, Safety Assessments	37.28							5.95
05/29/16	66.32	45.67	CPS-NR,HV,Assessment/FC-Mtg,Court/APS-New Referral/Assess	32.77	7.20	1.00					4.70
06/12/16	59.68	70.46	CPS-NR,Removal,Assessments/FC-New Placements,Notes	43.66	14.05					1.00	11.75
06/26/16	48.45	35.95	CPS-NR,Removal,Assessments/FC-Transport,Court,Notes	19.85	10.85						5.25
07/10/16	28.04	70.84	CPS-NR,Assessment/TA-Client issues/FC-Parent training	42.96	2.00				2.25	21.93	1.70
07/24/16	33.81	77.19	CPS-Coverage,Case notes/FC-Legal Mtg,Case notes	39.92	4.87					22.40	10.00
08/07/16	49.68	84.93	CPS-Calls,Assessment,interview/FC-Court, Transport	47.48	2.80					28.50	6.15
08/21/16	30.34	71.63	CPS-Assessments,notes/FC-Transport	47.46	0.50					21.32	2.35
09/04/16	43.40	27.56	CPS-HV,Assessment, Notes/FC-Court,transport/TA-Client Emerg.	17.52	3.23				2.16		4.65
09/18/16	31.70	71.80	CPS-HV/FC-HV,Court, Emergency placement	53.01	5.54					13.05	0.20
10/02/16	50.92	87.14	CPS-NR,HV/FC-New Placement,transport/APS&TA-paperwork	21.98	5.91	9.00	0.50		33.70	14.65	1.40
10/16/16	37.82	63.47	CPS-NR,HV/FC-Court, Meeting	39.06	2.41					19.75	2.25
10/30/16	21.90	44.12	CPS-NR,Removal/FC-Transport,Visit,Assist w/Removal	14.99	2.43					20.85	5.85
11/13/16	75.57	37.52	FC-Home visit/APS-Backlog,staff shortage	28.02	2.00	7.50					
11/27/16	65.42	37.24	CPS-NR,Court/FC-Court,Transport	18.25	2.20					14.24	2.55
12/11/16	130.82	65.89	CPS-NR,Removal/FC-X-mas party/APS-back-log	24.99	8.80	7.00				11.05	14.05
12/25/16	81.51	75.61	CPS-HV,SA,Backlog/FC-Court,transport, HV/TA-homeless issue	28.29	1.33				0.60	38.64	6.75
Totals	1442.52	1505.65		882.78	116.96	24.50	2.67	5.00	38.71	260.03	175.00

2016
+63 hrs