

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

**AGENDA**

**February 28, 2017**

**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:**

Requesting Authorization for the following Mandatory Trainings:

-Foundations Part 1-D Training, Albany, NY; Attendee: J. Dean; February 28-March 3 and March 7-10, 2017;

-CPS Response Training-D, Albany, NY; Attendee: J. Dean, March 20-24 and April 3-7, 2017;

-Sexual Abuse Dynamics Training, Troy, NY; Attendees: M. Pugh, A. Chapman, S. Raymond - Caseworkers; March 8 – 10, 2017;

-COMPASS Leadership Training for Foster Care Caseworkers, Albany, NY; Attendees: C. Mastrianni and J. Brierton, March 21 – 24, 2017;

-Foundations Part 2-D, Albany, NY; Attendee: J. Dean, June 6-9 and June 27-30, 2017;

-Institute for Temporary Assistance Program Training, Albany, NY; Attendee: C. Darcy, Social Welfare Examiner; April 24 – 28 and May 8 – 12, 2017.

**Rationale:** These are mandatory State trainings for Caseworkers and Social Welfare Examiners.

**Please see Attachment #1**

**2. Request Resolution:**

Request to Re-appointment member to the Warren County Youth Board: Kim Monthony, Town of Warrensburg.

**Rationale:** Term Expired December 31, 2016

**Please see Attachment #2**

**3. Request Resolution:**

Request to enter into a 12-month contract with Gertrude Gilbert, to provide Interpretive Services for the Deaf, at \$70.00 per hour.

**Rationale:** This service is required with regard to the Americans With Disabilities Act.

**Please see Attachment #3**

IV. Pending Item

There are no pending items.

V. Information for Discussion/Review

1. Countryside Adult Home
2. Monthly Revenue & Expenditures, Overtime Report and Budget  
**Please see Attachment #4**

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

VII. Motion to Adjourn

**Attachments:**

1. Request to Attend Mandatory Trainings for Caseworkers and Social Welfare Examiner
2. Request to Re-Appoint Member to the Warren County Youth Board
3. Request New Contract with Gertrude Gilbert for Interpretive Services
4. Monthly Revenues & Expenditures Report

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 Jennifer Dean  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend CPS Foundations Training Part I - D  
\_\_\_\_\_  
(Name of meeting or organization)

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

on February 28 - March 3, 2017; and March 7 - 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 \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_
- Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

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

Date: 2/22/17

Margaret Schmidt  
Department Head Signature

Date: 2/28/17

Edna G. Francis  
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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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**  
Jennifer Dean

**Training**  
CPS Foundations 1  
Date(s)  
2/28-3/03/17  
3/07-3/10/17

		Cost of Training/Person		\$	-
		# of staff attending			
				\$	-
<b>Overnight</b>		<b>Commuting</b>			
# 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**

	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		

<b>Hotel</b>	# 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)

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**From:** Stars@bsc-cdhs.org  
**Sent:** Tuesday, February 07, 2017 5:19 AM  
**To:** Collins, Joanne (DFA)  
**Cc:** Schmidt, Maureen (DFA)  
**Subject:** HSLC WBT: CPS Foundation Training Part 1 D - 2017 (begins with online Pretest and WBT's) -SDC Memo  
**Attachments:** 720463\_Hotel Cancellation Policy.pdf; 720463\_TravelPolicy.pdf

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### 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:

Jennifer Dean

#### Class Title

**HSLC WBT: CPS Foundation Training Part 1 D - 2017 (begins with online Pretest and WBT's)**

Training Location	Class Date	Start Time	End Time
HSLC WBT: CPS Foundation Training Part 1 D - 2017 (begins with online Pretest and WBT's) Human Services Learning Center <a href="https://www.hslcnys.org">https://www.hslcnys.org</a> Phone: 0000000000 Credited Hours: 1.00	02/21/2017 - 03/20/2017		
HSLC WBT: CPS Foundation Training Part 1 D - 2017 (begins with online Pretest and WBT's) test & WBT access Human Services Learning Center <a href="https://www.hslcnys.org">https://www.hslcnys.org</a> Phone: 0000000000 Credited Hours: 7.00	02/21/2017 - 03/20/2017		
Virtual Classroom - iLinc	02/22/2017	9:30am	3:00pm
CPS Foundation Training Part 1 D-1 - 2017 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Chief Joseph Room - #204 Albany, NY 12205-1129 Site Contact: Amy Reynolds Comtois Site Contact: Lolita McGee Phone: (518) 435-1825	02/28/2017 03/01/2017 03/02/2017 03/03/2017	9:00am 9:00am 9:00am 9:00am	4:30pm 4:30pm 4:30pm 4:30pm
CPS Foundation Training Part 1 D-2 - 2017 CDHS - Albany Regional Office	03/07/2017 03/08/2017	9:00am 9:00am	4:30pm 4:30pm

3 Marcus Blvd, Suite 105 Room: Chief Joseph Room - #204 Albany, NY 12205-1129 Site Contact: Amy Reynolds Comtois Site Contact: Lolita McGee Phone: (518) 435-1825	03/09/2017 03/10/2017	9:00am 9:00am	4:30pm 4:30pm
HSLC WBT: CPS Foundation Training Part 1 D - 2017 Post Class Human Services Learning Center <a href="https://www.hslcnys.org">https://www.hslcnys.org</a> Phone: 0000000000 Credited Hours: 2.25	03/13/2017 - 03/20/2017		
Virtual Classroom - iLinc	03/28/2017	9:30am	3:00pm

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

b>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. You 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 for you done by your agency contact/SDC at: <https://www.hslcnys.org>

This summary 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 post-CPSRT conferences. Beginning one week prior to the classroom training, you will engage in a brief series of pre-classroom web-based instructional activities as a prerequisite for the first week of classroom training. 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 needed 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 you are required to complete in your home district prior to attending CPSRT. The total amount of time needed to complete all of the post-classroom web-based training is approximately 2.25 hours. Completion of activities will be tracked in HSLC/STARS. 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.

Note: Completion of pre-classroom and post-classroom web-based instructional activities as well as post-CPSRT 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.

### Directions to Training Site Human Services Learning Center

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 Jennifer Dean  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend CPS Response Training - D  
\_\_\_\_\_  
(Name of meeting or organization)

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

on March 20 - 24, 2017; and April 3 - 7, 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](http://www.gsa.gov)

Date: 2/22/17

Maureen Schmidt  
Department Head Signature

Date: 2/25/17

Edna G. Trasci  
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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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  
Jennifer Dean

Training  
Response Training  
Date(s)  
3/20-3/24/17  
4/3-4/7/17

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	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

<b>Totals</b>	Fleet Car + Training + Hotel + OT	\$ 398.00
	Fleet Car + Training + Overtime	\$ 545.97

**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.

**Class Description:**

This program provides instruction on how to conduct Child Protective Services investigations concerning reports of alleged child abuse and maltreatment, according to New York State law, regulation and policy recommendations. The program is designed to build caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families, and to conduct thorough, timely and accurate investigations to achieve the child welfare outcomes of safety, permanency and well-being. The summary below identifies steps involved in completing the training program, beginning with pre-classroom computer-based instructional activities. Beginning March 13, 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. 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.

**Region: 4****Target Population:**

New Child Protective Services caseworkers.

**Course Prerequisites:****Course Content:** Child Protection**Pre-Registration Required:** yes**Reimbursement:** Mileage & Hotel**Class Fees:** Local District, ACS and HRA staff will be charged Training fees for some parts

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 Mary Pugh, MaryAlice Chapman and Sarah Raymond  
(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 March 8 - 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 \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_  
 Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

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

Date: 2/22/17

Muneen Schmitt  
Department Head Signature

Date: 2/28/17

Edna A. Trasci  
Committee Chairman Signature

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Cost Analysis		Training		Date(s)
Maryalice Chapman		Sexual Abuse Dynamics &		3/8-3/10/17
Mary Pugh		Intervention Training		
Sarah Raymond				
		Cost of Training/Person = \$14/day	\$	42.00
		# of staff attending		3
			\$	126.00
Overnight		Commuting		
# of miles/1 way	<u>50</u>	<u>50</u>		
X # trips	<u>2</u>	<u>6</u>		
Total # of miles	100	300	X	
		Fleet Car - .25		
		Overnight	\$	25.00
		Commute	\$	75.00
Estimated Overtime				
		Commuting		
	Salary	Hr Rate	OT Rate	# of hrs
#1	<u>41,159</u>	19.79	29.68	<u>6</u>
#2	<u>43,161</u>	20.75	31.13	<u>6</u>
#3	<u>43,161</u>	20.75	31.13	<u>0.00</u>
		Total OT		
		178.09		
		186.75		
		0.00		
		Commuting OT	\$	364.85
		Overnight		
		# of hrs	Total OT	
#1		<u>2</u>	<u>59.36</u>	
#2		<u>2</u>	<u>62.25</u>	
#3		<u>0.00</u>	<u>0.00</u>	
		Overnight OT	\$	121.62
Hotel		Rate/night	Total Hotel Expense	
2 nights	3	\$	58.00	
		Meals	\$	348.00
Totals			\$	120.00
		Fleet Car + Training + Hotel + OT	\$	740.62
		Fleet Car + Training + Overtime	\$	565.85

## Collins, Joanne (DFA)

**From:** Stars@bsc-cdhs.org  
**Sent:** Thursday, February 23, 2017 5:18 AM  
**To:** Collins, Joanne (DFA)  
**Cc:** Schmidt, Maureen (DFA)  
**Subject:** Sexual Abuse Dynamics and Intervention Training -SDC Memo  
**Attachments:** 723057\_Appendix A Pre Training Reading 11.17.14.pdf

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## 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, Mary Pugh, Sarah Raymond

### Class Title

## Sexual Abuse Dynamics and Intervention Training

Training Location	Class Date	Start Time	End Time
-------------------	------------	------------	----------

Sexual Abuse Dynamics and Intervention Training	03/08/2017	8:30am	4:30pm
Rensselaer County DSS	03/09/2017	8:30am	4:30pm
127 Bloomingrove Drive	03/10/2017	8:30am	4:30pm

Room: 2nd Floor Conference Room  
Troy, NY 12180  
Site Contact: Robin A. Chaisson  
Phone: 518 833-6037

### Additional Information

Please read the attached pre-training reading material prior to the training.

### Directions to Training Site Rensselaer County DSS

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.

### Accommodation

**Collins, Joanne (DFA)**

**From:** Stars@bsc-cdhs.org  
**Sent:** Thursday, February 23, 2017 5:18 AM  
**To:** Collins, Joanne (DFA)  
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**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, Mary Pugh, Sarah Raymond

**Class Title**

**Sexual Abuse Dynamics and Intervention Training**

Training Location	Class Date	Start Time	End Time
Sexual Abuse Dynamics and Intervention Training	03/08/2017	8:30am	4:30pm
Rensselaer County DSS	03/09/2017	8:30am	4:30pm
127 Bloomingrove Drive	03/10/2017	8:30am	4:30pm
Room: 2nd Floor Conference Room			
Troy, NY 12180			
Site Contact: Robin A. Chaisson			
Phone: 518 833-6037			

**Additional Information**

Please read the attached pre-training reading material prior to the training.

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**Accommodation**

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 Christina Mastrianni and Joanna Brierton  
(Supervisory Committee) (Employee Name)

to attend COMPASS Leadership Certification Training (Foster Care)  
(Name of meeting or organization)

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

on March 21 - 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 \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_
- Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

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

Date: 2/22/17

Marcus Schmidt  
Department Head Signature

Date: 2/25/17

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

Nina Mastrianni  
Joanna Brierton

Training

COMPASS Leadership

Date(s)

3/21-3/24

Cost of Training/Person

# of staff attending

\$ -

<b>Overnight</b>		<b>Commuting</b>
# of miles/1 way	<u>60</u>	<u>60</u>
X # trips	<u>2</u>	<u>8</u>
Total # of miles	120	480

Fleet Car - .25

Overnight	\$	30.00
Commute	\$	120.00

Estimated Overtime

				<b>Commuting</b>	
	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>51,400</u>	24.71	37.07	<u>6</u>	222.40
#2	<u>48,007</u>	23.08	34.62	<u>6</u>	207.72

Commuting OT \$ 430.13

		<b>Overnight</b>	
		# of hrs	Total OT
#1		<u>1</u>	37.07
#2		<u>1</u>	34.62

Overnight OT \$ 71.69

Hotel	# of Staff	Rate/night
3 nights	2	\$ 52.50

Total Hotel Expense \$ 315.00

Totals Meals \$ 120.00

Fleet Car + Training + Hotel + OT \$ 536.69  
Fleet Car + Training + OT \$ 550.13

## Collins, Joanne (DFA)

**From:** Stars@bsc-cdhs.org  
**Sent:** Wednesday, February 22, 2017 5:20 AM  
**To:** Collins, Joanne (DFA)  
**Cc:** Schmidt, Maureen (DFA)  
**Subject:** COMPASS Leader Certification -SDC Memo  
**Attachments:** 721315\_Hotel Cancellation Policy.pdf; 721315\_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.

## 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:

Joanna Brierton, Christina Matrianni

### Class Title

## COMPASS Leader Certification

Training Location	Class Date	Start Time	End Time
-------------------	------------	------------	----------

COMPASS Leader Certification	03/21/2017	9:00am	4:30pm
CDHS - Albany Regional Office	03/22/2017	9:00am	4:30pm
3 Marcus Blvd, Suite 105	03/23/2017	9:00am	4:30pm
Room: Rosa Park	03/24/2017	9:00am	4:30pm

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

#### Directions to Training Site CDHS - Albany Regional Office

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

### Accommodation

**Course Content**

Foster Parent Prep/Support

**Pre-registration Required**

Yes

**Reimbursement**

Mileage and Hotel

**Training Fees**

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

**Meets In-Service CPS Requirements**

No

**Trainer(s)**

Gonzalez, Pura; Otten, Jennifer; Shin, Helen

**For Additional Course Information Contact**

For Registration Questions and Requests:  
Call Registration Services: (716) 876-7600 extension 600  
or Email: [registrationservices@bsc-cdhs.org](mailto:registrationservices@bsc-cdhs.org)

For Course Information Questions Contact:  
Wendy Neilson  
Phone: (212) 269-9799  
Email: [NEILSOWT@BUFFALOSTATE.EDU](mailto:NEILSOWT@BUFFALOSTATE.EDU)

If special accommodations/needs are required, please contact the training provider for arrangements.

If you do not wish to continue to receive state sponsored training announcements, please click the link below to unsubscribe. Please be advised that you can always check for upcoming state sponsored training events at the STARS HSLC web site at <https://www.hslcnys.org>

Click this link to unsubscribe: [stars@bsc-cdhs.org](mailto:stars@bsc-cdhs.org)

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 Jennifer Dean  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend CPS Foundations Training Part 2 - D  
\_\_\_\_\_  
(Name of meeting or organization)

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

on June 6 - 9, 2017; and June 27 - 30, 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](http://www.gsa.gov)

Date: 2/22/17

Maureen Schmidt  
Department Head Signature

Date: 2/20/17

Edna A. Frasci  
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**  
Jennifer Dean

**Training**  
CPS Foundations II  
Date(s)  
6/6-6/9/17  
6/27-6/30/17

		Cost of Training/Person		\$	-
		# of staff attending			
				\$	-
<b>Overnight</b>		<b>Commuting</b>			
# 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**

	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		

<b>Hotel</b>	# of days	Rate/night	Total Hotel Expense
	6	\$ 58.00	\$ 348.00

<b>Totals</b>	Fleet Car + Training + Hotel + OT	\$ 398.00
	Fleet Car + Training + Overtime	\$ 545.97

HSLC WBT: CPS Foundation Training Part 2 D - 2017 (begins with online Pretest and WBT's): Email  
 Announcement To:

**Course:** CPS Foundation Training Part 2  
**Class Status:** Open Nomination  
**No. Nominated:** 22  
**Attachments:** [Hotel Cancellation Policy.pdf](#) [Form.pdf](#) [TravelPolicy.pdf](#)  
**Provider:** SUC Buffalo - CDHS  
**Date:** 05/15/2017 - 06/30/2017  
**Time(s):** 9:00am - 4:30pm  
**Location:** Computer Based  
**Deadline:** 05/08/2017

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

Class	Class Site	Lodging	Part	Date	Day 1 Time
HSLC WBT: CPS Foundation Training Part 2 D - 2017 (begins with online Pretest and WBT's)	Human Services Learning Center		1	05/15/2017 - 06/30/2017	9:00am - 4:30pm
HSLC WBT: CPS Foundation Training Part 2 D - 2017 (begins with online Pretest and WBT's) test & WBT access	Human Services Learning Center		2	05/15/2017 - 06/30/2017	9:00am - 4:30pm
CPS Foundation Training Part 2 D-1 - 2017	CDHS - Albany Regional Office	Springhill Suites Albany Colonie 8 California Ave Albany 12205	3	06/06/2017 - 06/09/2017	9:00am - 4:30pm
HSLC WBT: CPS Foundation Training Part 2 D - 2017 Mid-classroom WBTs	Human Services Learning Center		4	06/12/2017 - 06/30/2017	9:00am - 4:30pm
CPS Foundation Training Part 2 D-2 - 2017	CDHS - Albany Regional Office	Springhill Suites Albany Colonie 8 California Ave Albany 12205	5	06/27/2017 - 06/30/2017	9:00am - 4:00pm

**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.

**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 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 5/15/2017, 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 6/6/2017. 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 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 14 hours including the pretest and self-assessment. The pretest must be completed in one sitting; it will take about one hour. There are two brief web-based trainings to be taken during the mid-weeks when trainees are back at their district. These mid-class WBTS will be taken via HSLC. The total amount of time trainees will need to complete the mid-classroom web-based training is approximately 1 hour. 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: CONNECTIONS training is required. One classroom day of CONNECTIONS training is offered as a part of CPS Foundation Part 2 Training. Local districts and agencies will have the option of continuing to access this training as part of the CPS Foundation classroom sequence or choosing to provide the training themselves within the district. (for CONNECTIONS questions, please contact [connections@pdp.albany.edu](mailto:connections@pdp.albany.edu))

A trainer, the trainee, their supervisor, and staff development coordinator will participate in a post-core conference via phone. The trainer will contact the district to arrange the date and time after the trainee completes CPS Foundation Part 2 Training.

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 mid-classroom web-based instructional activities is required for successful completion of this program.

**Region:** None

**Target Population:**

New caseworkers who have a role in Child Protective Services Responses and who have completed CPS Foundation Training Part 1 and CPSRT.

**Course Prerequisites:**

**Course Content:** Casework Practices

**Pre-Registration Required:** yes

**Reimbursement:** No Reimbursement

**Class Fees:** Local District, ACS and HRA staff will be charged Training fees for some parts

**Meets CPS Requirement:** no

**Trainer(s):** Newlin, Gina; Nichols, April; Steigerwald, Cindy

**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

HSLC WBT: CPS Foundation Training Part 2 D - 2017 (begins with online Pretest and WBT's): [Email](mailto:joanne.collins@dfa.state.ny.us)  
 Announcement To:

Course: CPS Foundation Training Part 2  
 Class Status: Open Nomination  
 No. Nominated: 22  
 Attachments: [Hotel Cancellation Policy.pdf](#) [Form.pdf](#) [TravelPolicy.pdf](#)  
 Provider: SUC Buffalo - CDHS  
 Date: 05/15/2017 - 06/30/2017  
 Time(s): 9:00am - 4:30pm  
 Location: Computer Based  
 Deadline: 05/08/2017

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

Class	Class Site	Lodging	Part	Date	Day 1 Time
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HSLC WBT: CPS Foundation Training Part 2 D - 2017 Mid-classroom WBTs	Human Services Learning Center		4	06/12/2017 - 06/30/2017	9:00am - 4:30pm
CPS Foundation Training Part 2 D-2 - 2017	CDHS - Albany Regional Office	Springhill Suites Albany Colonie 8 California Ave Albany 12205	5	06/27/2017 - 06/30/2017	9:00am - 4:00pm

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 Carolyn Darcy  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend Institute for Temporary Assistance Program (ITAP) Training  
\_\_\_\_\_  
(Name of meeting or organization)

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

on April 24 - 28, 2017; and May 8 - 12, 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](http://www.gsa.gov)

Date: 2/22/17

Marcus Schmidt  
Department Head Signature

Date: 2/28/17

Edna A. Gracie  
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.



**Collins, Joanne (DFA)**

**From:** Stars@bsc-cdhs.org  
**Sent:** Wednesday, February 08, 2017 5:19 AM  
**To:** Collins, Joanne (DFA)  
**Cc:** Schmidt, Maureen (DFA)  
**Subject:** Institute for Temporary Assistance Programs (ITAP) - C1 -SDC Memo  
**Attachments:** 723782\_The 7 Do's and Dont's of Attending Training.pdf; 723782\_Travel & Accommodation Policy.pdf; 723782\_UAlbanyTrainingRmDirections-map4TowerPlace.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.

**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:

Carolyn Darcy

**Class Title**

**Institute for Temporary Assistance Programs (ITAP) - C1**

<b>Training Location</b>	<b>Class Date</b>	<b>Start Time</b>	<b>End Time</b>
Institute for Temporary Assistance Programs (ITAP) - C1 University at Albany Training Room 610 4 Tower Place Albany, NY 12203 Phone: 518-442-6500	04/24/2017	9:00am	4:30pm
	04/25/2017	8:30am	4:30pm
	04/26/2017	8:30am	4:30pm
	04/27/2017	8:30am	4:30pm
	04/28/2017	8:30am	2:30pm
Institute for Temporary Assistance Programs (ITAP) - C2 University at Albany Training Room 610 4 Tower Place Albany, NY 12203 Phone: 518-442-6500	05/08/2017	9:00am	4:30pm
	05/09/2017	8:30am	4:30pm
	05/10/2017	8:30am	4:30pm
	05/11/2017	8:30am	4:30pm
	05/12/2017	8:30am	2:30pm

**Additional Information**

Registration on first day: 8:45am.

Attached please find: Travel and Accommodation Policies, The 7 Do's and Don'ts for Attending Training, and Directions and parking map.

Lunch is included.

For overnight trainees, at check-in you must present a credit card to cover a mandatory deposit for your incidentals. Use of a debit card is not recommended for this purpose. This hotel does not accept cash for incidentals.

For overnight trainees, the Fairfield Inn Albany University provides breakfast and The Research Foundation for The SUNY provides dinner coupons for each eligible night.

**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: February 28, 2017**

- (a) Name of Appointee: **Kim Monthony**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA005 2013**
- (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
- (e) Address of Appointee: **135 Forest Lake Road, Chestertown, NY 12817**
- (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:

**ORGANIZATIONAL MEETING, WARRENSBURG TOWN BOARD, JAN.5, 2016**

**RESOLUTION #13-17**

**COLLECTOR CASH DRAWER**

**RESOLVED**, that the Tax Collector is authorized to establish a cash drawer for the collection of Land, Water and Sewer bills not to exceed \$100.00 (One Hundred) each.

**RESOLUTION #14-17**

**TOWN HISTORIAN**

**RESOLVED**, that Sandi Parisi is named as Town Historian for the year 2017.

**RESOLUTION #15-17**

**LEGAL SERVICES FOR ASSESSOR**

**RESOLVED**, that the Supervisor is authorized to enter into a contract with Muller & Mannix and or Bartlett, Pontiff, Stewart and Rhodes, P.C. for legal services for the Assessor on a per diem basis.

**RESOLUTION #16-17**

**APPOINTMENT OF KIM MONTHONY TO WARREN COUNTY YOUTH BOARD**

**RESOLVED**, to appoint Kim Monthony to the Warren County Youth Board for the year 2017.

**RESOLUTION #17-17**

**APPOINTMENT OF BUDGET OFFICER**

**RESOLVED**, to appoint Kevin B. Geraghty as Budget Officer for the year 2017.

**RESOLUTION #18-17**

**SALARIES**

**RESOLVED**, that the Town Board does hereby fix salaries of the Officers and Employees of the Town of Warrensburg for the year January 1, 2017 at the amounts respectfully stated in the budget.

**RESOLUTION #19-17**

**ACCEPT COMMITTEE APPOINTMENTS**

**RESOLVED**, to accept the Committee Appointments for the Year 2017.

**RESOLUTION #20-17**

**RE-APPOINT ALAN HALL, SR. TO ZONING BOARD OF APPEALS**

**RESOLVED**, to re-appoint Alan Hall, Sr. to the Warrensburg Zoning Board of Appeals with a term to expire on January, 2021.

**RESOLUTION #21-17**

**RESOLUTION SETTING MILEAGE ALLOWANCE FOR 2017**

**RESOLVED**, to set the mileage reimbursement allowance for 201 at \$.53.5 per the IRS rate.

**RESOLUTION REQUEST FORM NO. 3****Request for New Contract****DEPARTMENT NAME: Social Services****DATE: February 28, 2017**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide interpretive services for the deaf**
- (c) Name of Contractor: **Gertrude "Trudy" Gilbert**
- (d) Address of Contractor: **6 David Lane, Saratoga Springs, NY 12866**
- (e) Contractor's Contact Person and Telephone Number: **518.339.5135**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **March 1, 2017**
- (h) Termination Date of Contract: **February 31, 2018**
- (i) Payment Provisions: i) lump sum amount  
 ii) hourly rate amount **\$70 per hour**  
 iii) total amount not to exceed  
 iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount:**

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

\*as listed in budget and LOGOS



# Healthcare Professional Liability

## LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

55 Water Street, 18<sup>th</sup> Floor

New York, NY 10041

### DECLARATIONS

Policy Number: AHY-644944005

Renewal Of: AHY-644944004

#### SECTION I

##### Item

1. Named Insured: Trudy E Gilbert
2. Mailing Address: 6 David Lane,  
Saratoga Springs, NY 12866
3. Policy Period: From: 07/29/2016 To: 07/29/2017  
12:01 A. M. Standard Time At Location of Designated Premises
4. Business or Profession: Interpreter Affiliation: 3101- Healthcare Associations
5. The Named Insured is a(n):  Partnership  Corporation  Individual  LLC  
 Sole Proprietor (with employees)  Professional Association  Other

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsements(s): HCPL-2037i (01/14), HCPL-2038 (11/09), HCPL-8101-NY (11/14), HCPL-2037-9000-NY (10/14), HCPL-9002-NY (02/10), OFAC (08/09)  
TRIA-E003-0210, TRIA-N004-0208

#### SECTION II

Item	COVERAGE	Premium
A.	Professional Liability [X]	\$136.00
B.	General Liability [X]	\$140.00
	Terrorism Risk Insurance Act [X]	\$0.00
C.	Endorsements [ ]	
D.	Risk Purchasing Group Fee	\$0.00
TOTAL:		\$276.00

#### LIMITS OF LIABILITY

\$2,000,000 Each Incident and Each Occurrence \$4,000,000 Aggregate

#### SECTION III

##### SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent: Mercer Consumer, a service of  
Mercer Health & Benefits Administration LLC  
P.O. Box 14576  
Des Moines, IA 50306-3576

1 1

HCPL-2037D (11/09)

**TRUDY GILBERT, CI CT SC:L**

6 David Lane  
Saratoga Springs, NY 12866  
(518) 339-5135  
Trugilb@aol.com

**EDUCATION/SPECIALIZED TRAINING**

**Certification:** RID certified SC:L, 2009, CI, 1998 and CT, 1991

**NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE, Winsted, CT**

**Major:** Interpreting for the Deaf, 1987-88  
Associate in Science Degree

**FOUNDATIONS I - 8 and ETNA, IMI Integrated Model of Interpreting 2009 -2014**  
Betty Colonomos

**BEYOND THE STANDARDS, Advanced Court Interpreting, Boston, MA 2007-2008**

**INTERPRETING IN THE AMERICAN LEGAL SYSTEM, Denver, CO 2002 - 2003**

**AOTC/MCDHH LEGAL TRAINING, Boston, MA 2000**  
Carla Matthews and Risa Shaw

**GALLAUDET UNIVERSITY, Washington, 1988**

**THE COLLEGE OF SAINT ROSE, Albany, New York**  
Studies in American Sign Language, 1986-87

**EXPERIENCE REVIEW**

**MASSACHUSETTS COMMISSION FOR THE DEAF AND HARD OF HEARING, 1999-Present**  
**Staff Interpreter**

Provide interpreting service for staff and in the community, including legal, medical, mental health, substance abuse, business, education, and Deaf-Blind (tactile).  
In addition, provide mentoring for interpreters.

**INDEPENDENT FREELANCE INTERPRETER, 1988-Present**

Provide services in the community, including court and out of court legal, medical, mental health, theater and concerts, education and business.

In addition, Co-Chairperson for the RID Region I Conference, 2010.

Instructor for the New York State Educational Interpreters Grant, 1996.

Screening interpreters without certification.

**RUTLAND CITY SCHOOLS, 1998-2003**

**Educational Interpreter**

Provide interpreting service in academic and extracurricular settings. In addition, involvement in the IEP processes.

**INTERPRETER REFERRAL SERVICE OF ALBANY, 1990-91; 1993-95**

**Referral Coordinator**

In addition to providing interpreting services, coordinated referrals, performed billing, payroll and promoted the organization through public relations and workshop activities.

**ALBANY/SCHENECTADY/SCHOHARIE COUNTY BOCES, 1988-89**

**Educational Interpreter**

2016

ATTACHMENT #4

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR JAN - DEC 2016

FUND(S): A

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

EXPENSES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
110 Salaries - Regular	\$5,746,066.00	\$5,519,162.24	\$5,384,752.81
120 Salaries - Overtime	\$80,222.00	\$73,784.67	\$67,959.36
130 Salaries - Part Time	\$195,541.00	\$239,609.14	\$219,908.66
<b>100's PERSONAL SERVICES Total</b>	<b>\$6,021,829.00</b>	<b>\$5,832,556.05</b>	<b>\$5,672,620.83</b>
200's EQUIPMENT	\$21,600.00	\$71,350.47	\$68,621.56
400's CONTRACTUAL	\$23,308,081.00	\$21,472,154.48	\$22,854,930.56
800's EMPLOYEE BENEFITS	\$3,630,498.00	\$3,448,725.93	\$3,606,016.20
<b>TOTALS</b>	<b>\$32,982,008.00</b>	<b>\$30,824,786.93</b>	<b>\$32,202,189.15</b>

REVENUES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
	\$16,151,956.00	\$14,706,523.08	\$15,777,219.98

JAN - 2017

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR JANUARY 2017

FUND(S): A

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

EXPENSES	2017 BUDGETED	JAN 2017 EXP	JAN 2016 EXP	2017 YTD ACTUAL	2016 Prior Year Totals
10 Salaries - Regular	\$5,933,344.00	\$319,907.81	\$335,982.40	\$319,907.81	\$5,519,162.24
20 Salaries - Overtime	\$75,222.00	\$8,642.73	\$7,510.42	\$8,642.73	\$73,784.67
30 Salaries - Part Time	\$211,133.00	\$17,100.67	\$19,355.52	\$17,100.67	\$239,609.14
<b>00's PERSONAL SERVICES Total</b>	<b>\$6,219,699.00</b>	<b>\$345,651.21</b>	<b>\$362,848.34</b>	<b>\$345,651.21</b>	<b>\$5,832,556.05</b>
00's EQUIPMENT	\$32,100.00	\$29.95	\$1,039.50	\$29.95	\$71,350.47
00's CONTRACTUAL	\$22,744,201.00	\$1,108,233.19	\$1,128,633.86	\$1,108,233.19	\$21,472,154.48
00's EMPLOYEE BENEFITS	\$3,741,065.00	\$287,565.23	\$290,885.78	\$287,565.23	\$3,448,725.93
<b>TOTALS</b>	<b>\$32,737,065.00</b>	<b>\$1,741,479.58</b>	<b>\$1,783,407.48</b>	<b>\$1,741,479.58</b>	<b>\$30,824,786.93</b>

REVENUES	2017 BUDGETED	JAN 2017 REVENUE	JAN 2016 REVENUE	2017 YTD ACTUAL	2016 Prior Year Totals
	\$15,751,437.00	\$627,712.18	\$943,004.85	\$627,712.18	\$14,706,523.08

# Expense Budget Performance Report

Fiscal Year to Date 01/31/17

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	5,257,048.00	.00	5,257,048.00	279,942.53	.00	279,942.53	4,977,105.47	5	4,896,926.59
120	Salaries - Overtime	49,222.00	.00	49,222.00	4,951.72	.00	4,951.72	44,270.28	10	48,179.98
130	Salaries - Part Time	43,463.00	.00	43,463.00	6,976.64	.00	6,976.64	36,486.36	16	65,817.83
<i>Personal Services Totals</i>		<b>\$5,349,733.00</b>	<b>\$0.00</b>	<b>\$5,349,733.00</b>	<b>\$291,870.89</b>	<b>\$0.00</b>	<b>\$291,870.89</b>	<b>\$5,057,862.11</b>	<b>5%</b>	<b>\$5,010,924.40</b>
<i>Equipment</i>										
210	Furniture/Furnishings	1,500.00	.00	1,500.00	.00	.00	.00	1,500.00	0	4,241.00
220	Office Equipment	5,000.00	.00	5,000.00	29.95	815.00	29.95	4,155.05	17	4,976.84
<b>230</b>	<b>Automotive Equipment - Reserve</b>									
230.1	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	14,125.00
<b>230 - Automotive Equipment - Reserve Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>+++</b>	<b>\$14,125.00</b>
<i>Equipment Totals</i>		<b>\$6,500.00</b>	<b>\$0.00</b>	<b>\$6,500.00</b>	<b>\$29.95</b>	<b>\$815.00</b>	<b>\$29.95</b>	<b>\$5,655.05</b>	<b>13%</b>	<b>\$23,342.84</b>
<i>Contractual Expense</i>										
410	Supplies	60,000.00	.00	60,000.00	117.59	6,008.00	117.59	53,874.41	10	52,920.73
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	47,045.58	517,501.42	8	564,546.96
418	Ins-General Liability	38,957.00	.00	38,957.00	35,378.77	.00	35,378.77	3,578.23	91	37,157.40
423	Telephone	20,000.00	.00	20,000.00	607.65	.00	607.65	19,392.35	3	19,679.88
424	Postage	30,000.00	.00	30,000.00	446.19	.00	446.19	29,553.81	1	31,073.37
426	Subscriptions	500.00	.00	500.00	13.95	.00	13.95	486.05	3	490.36
427	Memberships & Dues	5,000.00	.00	5,000.00	4,918.00	.00	4,918.00	82.00	98	4,411.00
428	Data Processing & Internet Fees	5,000.00	4,240.00	9,240.00	.00	9,240.00	.00	.00	100	8,252.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	.00	95,000.00	0	17,096.00
435	Medical Fees	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	(41.53)
436	Advertising Fees	500.00	.00	500.00	.00	.00	.00	500.00	0	.00
439	Misc Fees & Expenses	5,000.00	.00	5,000.00	71.87	.00	71.87	4,928.13	1	3,756.56
440	Legal/Transcript Fees	7,000.00	.00	7,000.00	.00	.00	.00	7,000.00	0	18,704.86
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	333.04	.00	333.04	9,666.96	3	8,537.17
442	Automotive - Gas & Oil	12,000.00	.00	12,000.00	.00	.00	.00	12,000.00	0	5,499.67
444	Travel/Education/Conference	17,000.00	.00	17,000.00	16.50	974.00	16.50	16,009.50	6	10,932.95
469	Other Payments/Contributions	4,000.00	.00	4,000.00	.00	.00	.00	4,000.00	0	1,800.00
470	Contract	325,000.00	(4,240.00)	320,760.00	.00	18,699.98	.00	302,060.02	6	238,439.94
<i>Contractual Expense Totals</i>		<b>\$1,200,504.00</b>	<b>\$0.00</b>	<b>\$1,200,504.00</b>	<b>\$88,949.14</b>	<b>\$34,921.98</b>	<b>\$88,949.14</b>	<b>\$1,076,632.88</b>	<b>10%</b>	<b>\$1,023,257.32</b>
<i>Employee Benefits</i>										
810	Retirement	727,179.00	.00	727,179.00	52,055.02	.00	52,055.02	675,123.98	7	685,689.65
830	Social Security	331,675.00	.00	331,675.00	16,942.60	.00	16,942.60	314,732.40	5	292,588.86
831	Medicare Contribution	77,574.00	.00	77,574.00	3,962.30	.00	3,962.30	73,611.70	5	68,428.27
860	Hospitalization	1,568,161.00	.00	1,568,161.00	122,310.90	.00	122,310.90	1,445,850.10	8	1,438,925.21
865	Dental Insurance	24,144.00	.00	24,144.00	1,864.00	.00	1,864.00	22,280.00	8	22,265.73

# Expense Budget Performance Report

Fiscal Year to Date 01/31/17

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 6010 - Social Services</b>										
<b>EXPENSE</b>										
<i>Employee Benefits Totals</i>		\$2,728,733.00	\$0.00	\$2,728,733.00	\$197,134.82	\$0.00	\$197,134.82	\$2,531,598.18	7%	\$2,507,897.72
<i>Other Benefits</i>										
840	Workmen's Compensation	50,658.00	.00	50,658.00	50,657.67	.00	50,657.67	.33	100	52,684.54
850	Unemployment Insurance	15,000.00	.00	15,000.00	.00	.00	.00	15,000.00	0	7,189.29
855	Disability	6,000.00	.00	6,000.00	.00	.00	.00	6,000.00	0	4,088.69
861	Retirees Hospitalization	392,256.00	.00	392,256.00	.00	.00	.00	392,256.00	0	366,748.44
<i>Other Benefits Totals</i>		\$463,914.00	\$0.00	\$463,914.00	\$50,657.67	\$0.00	\$50,657.67	\$413,256.33	11%	\$430,710.96
<b>EXPENSE TOTALS</b>		<del>\$9,749,384.00</del>	\$0.00	\$9,749,384.00	\$628,642.47	\$35,736.98	\$628,642.47	\$9,085,004.55	7%	\$8,996,133.24
<b>Department 6010 - Social Services Totals</b>		<b>(\$9,749,384.00)</b>	\$0.00	(\$9,749,384.00)	(\$628,642.47)	(\$35,736.98)	(\$628,642.47)	(\$9,085,004.55)	7%	(\$8,996,133.24)
<b>Department 6030 - Countryside Adult Home</b>										
<b>EXPENSE</b>										
<i>Personal Services</i>										
110	Salaries - Regular	676,296.00	.00	676,296.00	39,965.28	.00	39,965.28	636,330.72	6	622,235.65
120	Salaries - Overtime	26,000.00	.00	26,000.00	3,691.01	.00	3,691.01	22,308.99	14	25,604.69
130	Salaries - Part Time	167,670.00	.00	167,670.00	10,124.03	.00	10,124.03	157,545.97	6	173,791.31
<i>Personal Services Totals</i>		\$869,966.00	\$0.00	\$869,966.00	\$53,780.32	\$0.00	\$53,780.32	\$816,185.68	6%	\$821,631.65
<i>Equipment</i>										
210	Furniture/Furnishings	5,400.00	.00	5,400.00	.00	.00	.00	5,400.00	0	4,356.72
260	Other Equipment	20,000.00	.00	20,000.00	.00	.00	.00	20,000.00	0	43,650.91
270	Lawn & Landscaping	200.00	.00	200.00	.00	.00	.00	200.00	0	.00
<i>Equipment Totals</i>		\$25,600.00	\$0.00	\$25,600.00	\$0.00	\$0.00	\$0.00	\$25,600.00	0%	\$48,007.63
<i>Contractual Expense</i>										
410	Supplies	30,000.00	.00	30,000.00	.00	12,880.00	.00	17,120.00	43	25,960.23
413	Repair & Maint.-Bldg/Property	35,000.00	.00	35,000.00	380.50	9,158.20	380.50	25,461.30	27	39,840.34
415	Electricity	28,000.00	.00	28,000.00	.00	.00	.00	28,000.00	0	24,170.12
416	Oil & Gas-Heating	40,000.00	.00	40,000.00	.00	.00	.00	40,000.00	0	17,474.87
418	Ins-General Liability	9,564.00	.00	9,564.00	9,030.85	.00	9,030.85	533.15	94	9,138.18
422	Repair/Maint-Equipment	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	.00
423	Telephone	3,000.00	.00	3,000.00	16.16	.00	16.16	2,983.84	1	1,956.91
424	Postage	700.00	.00	700.00	.00	.00	.00	700.00	0	195.65
426	Subscriptions	300.00	4.00	304.00	303.73	.00	303.73	.27	100	275.81
428	Data Processing & Internet Fees	1,250.00	.00	1,250.00	94.96	1,105.04	94.96	50.00	96	1,139.52
432	Special Project Supply	1,000.00	(4.00)	996.00	.00	.00	.00	996.00	0	172.76
434	Allowances	19,000.00	.00	19,000.00	1,350.00	.00	1,350.00	17,650.00	7	16,250.00
435	Medical Fees	3,200.00	.00	3,200.00	.00	.00	.00	3,200.00	0	1,490.00
436	Advertising Fees	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	298.70
437	Consulting Fees	18,000.00	.00	18,000.00	1,178.02	15,458.24	1,178.02	1,363.74	92	16,284.52
439	Misc Fees & Expenses	1,100.00	.00	1,100.00	.00	300.00	.00	800.00	27	713.61

# Expense Budget Performance Report

Fiscal Year to Date 01/31/17

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>6030 - Countryside Adult Home</b>										
EXPENSE										
<i>Contractual Expense</i>										
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	.00	3,000.00	0	977.18
442	Automotive - Gas & Oil	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	1,117.88
444	Travel/Education/Conference	1,700.00	.00	1,700.00	.00	.00	.00	1,700.00	0	959.00
445	Foods	119,500.00	.00	119,500.00	1,193.86	36,406.14	1,193.86	81,900.00	31	96,230.37
451	Medical Supply Expense	5,000.00	.00	5,000.00	.00	2,500.00	.00	2,500.00	50	2,544.62
453	Uniforms & Clothing	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	61,000.00	.00	61,000.00	466.20	23,108.80	466.20	37,425.00	39	35,192.36
<i>Contractual Expense Totals</i>		\$386,414.00	\$0.00	\$386,414.00	\$14,014.28	\$100,916.42	\$14,014.28	\$271,483.30	30%	\$292,382.63
<i>Employee Benefits</i>										
810	Retirement	109,968.00	.00	109,968.00	7,833.32	.00	7,833.32	102,134.68	7	104,558.02
830	Social Security	53,939.00	.00	53,939.00	3,141.04	.00	3,141.04	50,797.96	6	48,207.44
831	Medicare Contribution	12,614.00	.00	12,614.00	734.58	.00	734.58	11,879.42	6	11,274.34
860	Hospitalization	232,604.00	.00	232,604.00	19,337.12	.00	19,337.12	213,266.88	8	221,044.34
865	Dental Insurance	3,480.00	.00	3,480.00	314.00	.00	314.00	3,166.00	9	3,430.00
<i>Employee Benefits Totals</i>		\$412,605.00	\$0.00	\$412,605.00	\$31,360.06	\$0.00	\$31,360.06	\$381,244.94	8%	\$388,514.14
<i>Other Benefits</i>										
840	Workmen's Compensation	8,416.00	.00	8,416.00	8,415.68	.00	8,415.68	.32	100	5,019.93
850	Unemployment Insurance	6,300.00	.00	6,300.00	.00	.00	.00	6,300.00	0	4,316.00
855	Disability	4,000.00	.00	4,000.00	.00	.00	.00	4,000.00	0	1,183.21
861	Retirees Hospitalization	103,214.00	.00	103,214.00	.00	.00	.00	103,214.00	0	97,577.25
<i>Other Benefits Totals</i>		\$121,930.00	\$0.00	\$121,930.00	\$8,415.68	\$0.00	\$8,415.68	\$113,514.32	7%	\$108,096.39
<b>EXPENSE TOTALS</b>		<b>\$1,816,515.00</b>	<b>\$0.00</b>	<b>\$1,816,515.00</b>	<b>\$107,570.34</b>	<b>\$100,916.42</b>	<b>\$107,570.34</b>	<b>\$1,608,028.24</b>	<b>11%</b>	<b>\$1,658,632.44</b>
Department <b>6030 - Countryside Adult Home Totals</b>		<b>(\$1,816,515.00)</b>	<b>\$0.00</b>	<b>(\$1,816,515.00)</b>	<b>(\$107,570.34)</b>	<b>(\$100,916.42)</b>	<b>(\$107,570.34)</b>	<b>(\$1,608,028.24)</b>	<b>11%</b>	<b>(\$1,658,632.44)</b>
Department <b>6050 - Public Facil. For Children</b>										
EXPENSE										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	30,000.00	.00	30,000.00	.00	.00	.00	30,000.00	0	33,540.50
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%	\$33,540.50
<b>EXPENSE TOTALS</b>		<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$30,000.00</b>	<b>0%</b>	<b>\$33,540.50</b>
Department <b>6050 - Public Facil. For Children Totals</b>		<b>(\$30,000.00)</b>	<b>\$0.00</b>	<b>(\$30,000.00)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$30,000.00)</b>	<b>0%</b>	<b>(\$33,540.50)</b>
Department <b>6055 - Daycare</b>										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	1,515,000.00	.00	1,515,000.00	.00	.00	.00	1,515,000.00	0	1,112,945.32
<i>Contractual Expense Totals</i>		\$1,515,000.00	\$0.00	\$1,515,000.00	\$0.00	\$0.00	\$0.00	\$1,515,000.00	0%	\$1,112,945.32
<b>EXPENSE TOTALS</b>		<b>\$1,515,000.00</b>	<b>\$0.00</b>	<b>\$1,515,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,515,000.00</b>	<b>0%</b>	<b>\$1,112,945.32</b>

# Expense Budget Performance Report

Fiscal Year to Date 01/31/17

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 6055 - Daycare Totals	(\$1,515,000.00)	\$0.00	(\$1,515,000.00)	\$0.00	\$0.00	\$0.00	(\$1,515,000.00)	0%	(\$1,112,945.32)
	Department 6070 - Services for Recipients									
	EXPENSE									
	Contractual Expense									
470	Contract	300,000.00	.00	300,000.00	.00	.00	.00	300,000.00	0	157,692.05
	Contractual Expense Totals	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$0.00	\$0.00	\$300,000.00	0%	\$157,692.05
	EXPENSE TOTALS	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$0.00	\$0.00	\$300,000.00	0%	\$157,692.05
	Department 6070 - Services for Recipients Totals	(\$300,000.00)	\$0.00	(\$300,000.00)	\$0.00	\$0.00	\$0.00	(\$300,000.00)	0%	(\$157,692.05)
	Department 6100 - Medicaid									
	EXPENSE									
	Contractual Expense									
470	Contract	12,023,087.00	.00	12,023,087.00	914,564.00	.00	914,564.00	11,108,523.00	8	12,359,639.00
	Contractual Expense Totals	\$12,023,087.00	\$0.00	\$12,023,087.00	\$914,564.00	\$0.00	\$914,564.00	\$11,108,523.00	8%	\$12,359,639.00
	EXPENSE TOTALS	\$12,023,087.00	\$0.00	\$12,023,087.00	\$914,564.00	\$0.00	\$914,564.00	\$11,108,523.00	8%	\$12,359,639.00
	Department 6100 - Medicaid Totals	(\$12,023,087.00)	\$0.00	(\$12,023,087.00)	(\$914,564.00)	\$0.00	(\$914,564.00)	(\$11,108,523.00)	8%	(\$12,359,639.00)
	Department 6101 - Medical Assistance									
	EXPENSE									
	Contractual Expense									
470	Contract	25,000.00	.00	25,000.00	.00	.00	.00	25,000.00	0	1,214.20
	Contractual Expense Totals	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$1,214.20
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$1,214.20
	Department 6101 - Medical Assistance Totals	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	\$0.00	(\$25,000.00)	0%	(\$1,214.20)
	Department 6109 - Aid To Dependent Children									
	EXPENSE									
	Contractual Expense									
470	Contract	2,100,000.00	.00	2,100,000.00	54,264.61	.00	54,264.61	2,045,735.39	3	1,889,597.88
	Contractual Expense Totals	\$2,100,000.00	\$0.00	\$2,100,000.00	\$54,264.61	\$0.00	\$54,264.61	\$2,045,735.39	3%	\$1,889,597.88
	EXPENSE TOTALS	\$2,100,000.00	\$0.00	\$2,100,000.00	\$54,264.61	\$0.00	\$54,264.61	\$2,045,735.39	3%	\$1,889,597.88
	Department 6109 - Aid To Dependent Children Totals	(\$2,100,000.00)	\$0.00	(\$2,100,000.00)	(\$54,264.61)	\$0.00	(\$54,264.61)	(\$2,045,735.39)	3%	(\$1,889,597.88)
	Department 6119 - Child Care									
	EXPENSE									
	Contractual Expense									
470	Contract	3,750,000.00	.00	3,750,000.00	265.00	.00	265.00	3,749,735.00	0	3,533,172.06
	Contractual Expense Totals	\$3,750,000.00	\$0.00	\$3,750,000.00	\$265.00	\$0.00	\$265.00	\$3,749,735.00	0%	\$3,533,172.06
	EXPENSE TOTALS	\$3,750,000.00	\$0.00	\$3,750,000.00	\$265.00	\$0.00	\$265.00	\$3,749,735.00	0%	\$3,533,172.06
	Department 6119 - Child Care Totals	(\$3,750,000.00)	\$0.00	(\$3,750,000.00)	(\$265.00)	\$0.00	(\$265.00)	(\$3,749,735.00)	0%	(\$3,533,172.06)
	Department 6123 - Juvenile Delinquent Care									
	EXPENSE									
	Contractual Expense									
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	5,850.82

# Expense Budget Performance Report

Fiscal Year to Date 01/31/17

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>6123 - Juvenile Delinquent Care</b>									
	EXPENSE									
	<i>Contractual Expense Totals</i>	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$5,850.82
	EXPENSE TOTALS	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$5,850.82
	Department 6123 - Juvenile Delinquent Care Totals	(\$5,000.00)	\$0.00	(\$5,000.00)	\$0.00	\$0.00	\$0.00	(\$5,000.00)	0%	(\$5,850.82)
Department	<b>6140 - Home Relief</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	1,200,000.00	.00	1,200,000.00	36,173.16	.00	36,173.16	1,163,826.84	3%	906,366.13
	<i>Contractual Expense Totals</i>	\$1,200,000.00	\$0.00	\$1,200,000.00	\$36,173.16	\$0.00	\$36,173.16	\$1,163,826.84	3%	\$906,366.13
	EXPENSE TOTALS	\$1,200,000.00	\$0.00	\$1,200,000.00	\$36,173.16	\$0.00	\$36,173.16	\$1,163,826.84	3%	\$906,366.13
	Department 6140 - Home Relief Totals	(\$1,200,000.00)	\$0.00	(\$1,200,000.00)	(\$36,173.16)	\$0.00	(\$36,173.16)	(\$1,163,826.84)	3%	(\$906,366.13)
Department	<b>6141 - Fuel Crisis Assistance</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	30,000.00	.00	30,000.00	.00	.00	.00	30,000.00	0%	18,117.04
	<i>Contractual Expense Totals</i>	\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%	\$18,117.04
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%	\$18,117.04
	Department 6141 - Fuel Crisis Assistance Totals	(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.00	\$0.00	\$0.00	(\$30,000.00)	0%	(\$18,117.04)
Department	<b>6142 - Emergency Aid For Adults</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	50,000.00	.00	50,000.00	.00	.00	.00	50,000.00	0%	32,462.86
	<i>Contractual Expense Totals</i>	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	0%	\$32,462.86
	EXPENSE TOTALS	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	0%	\$32,462.86
	Department 6142 - Emergency Aid For Adults Totals	(\$50,000.00)	\$0.00	(\$50,000.00)	\$0.00	\$0.00	\$0.00	(\$50,000.00)	0%	(\$32,462.86)
Department	<b>7310 - Youth Program 4-H Camp</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	25,000.00	.00	25,000.00	.00	.00	.00	25,000.00	0%	25,000.00
	<i>Contractual Expense Totals</i>	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	\$25,000.00
	Department 7310 - Youth Program 4-H Camp Totals	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	\$0.00	(\$25,000.00)	0%	(\$25,000.00)
Department	<b>7311 - Youth Bureau</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
410	Supplies	76.00	.00	76.00	.00	.00	.00	76.00	0%	100.00
423	Telephone	50.00	.00	50.00	.00	.00	.00	50.00	0%	.00
424	Postage	250.00	.00	250.00	.00	.00	.00	250.00	0%	45.03

# Expense Budget Performance Report

Fiscal Year to Date 01/31/17

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										
<i>Contractual Expense</i>										
444	Travel/Education/Conference	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	5,500.00	.00	5,500.00	.00	.00	.00	5,500.00	0	2,967.00
<i>Contractual Expense Totals</i>		\$5,976.00	\$0.00	\$5,976.00	\$0.00	\$0.00	\$0.00	\$5,976.00	0%	\$3,112.03
<i>Other Benefits</i>										
861	Retirees Hospitalization	13,883.00	.00	13,883.00	.00	.00	.00	13,883.00	0	13,506.72
<i>Other Benefits Totals</i>		\$13,883.00	\$0.00	\$13,883.00	\$0.00	\$0.00	\$0.00	\$13,883.00	0%	\$13,506.72
EXPENSE TOTALS		\$19,859.00	\$0.00	\$19,859.00	\$0.00	\$0.00	\$0.00	\$19,859.00	0%	\$16,618.75
Department 7311 - Youth Bureau Totals		(\$19,859.00)	\$0.00	(\$19,859.00)	\$0.00	\$0.00	\$0.00	(\$19,859.00)	0%	(\$16,618.75)
Department 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Contractual Expense</i>										
410	Supplies	200.00	.00	200.00	.00	.00	.00	200.00	0	76.15
424	Postage	40.00	.00	40.00	.00	.00	.00	40.00	0	7.03
427	Memberships & Dues	275.00	.00	275.00	.00	.00	.00	275.00	0	226.00
470	Contract	28,885.00	.00	28,885.00	.00	.00	.00	28,885.00	0	18,447.00
<i>Contractual Expense Totals</i>		\$29,400.00	\$0.00	\$29,400.00	\$0.00	\$0.00	\$0.00	\$29,400.00	0%	\$18,756.18
EXPENSE TOTALS		\$29,400.00	\$0.00	\$29,400.00	\$0.00	\$0.00	\$0.00	\$29,400.00	0%	\$18,756.18
Department 7312 - Special Delinquency Prev. Totals		(\$29,400.00)	\$0.00	(\$29,400.00)	\$0.00	\$0.00	\$0.00	(\$29,400.00)	0%	(\$18,756.18)
Department 7313 - Youth Court										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	68,820.00	.00	68,820.00	.00	.00	.00	68,820.00	0	59,048.46
<i>Contractual Expense Totals</i>		\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$0.00	\$0.00	\$68,820.00	0%	\$59,048.46
EXPENSE TOTALS		\$68,820.00	\$0.00	\$68,820.00	\$0.00	\$0.00	\$0.00	\$68,820.00	0%	\$59,048.46
Department 7313 - Youth Court Totals		(\$68,820.00)	\$0.00	(\$68,820.00)	\$0.00	\$0.00	\$0.00	(\$68,820.00)	0%	(\$59,048.46)
Fund A - General Totals		\$32,737,065.00	\$0.00	\$32,737,065.00	\$1,741,479.58	\$136,653.40	\$1,741,479.58	\$30,858,932.02		\$30,824,786.93
Grand Totals		\$32,737,065.00 ✓	\$0.00	\$32,737,065.00	\$1,741,479.58 ✓	\$136,653.40	\$1,741,479.58	\$30,858,932.02		\$30,824,786.93

# WARREN COUNTY

## Receipts by G/L Distribution Report - Detail

From Date: 01/01/2017 - To Date: 01/31/2017

Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
d: A - General						
Account: 400.00 - State&Federal,Social Services						
	01/12/2017			1	\$0.00	\$24,815.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
17-00000101	2017-00000009	A 400.00	RF-8 HEAP FFY 16-1BA023138WARR	NYS Comptroller		24,815.00
	01/31/2017			4	\$0.00	\$587,148.00
Receipt Number	Receipt Batch Number	Payment Code	Transaction Description	Received From	Debit Amount	Credit Amount
17-00000560	2017-00000050	A 400.00	RF 2/2A F 1016 BA023214WARR	NYS Comptroller		335,166.00
17-00000560	2017-00000050	A 400.00	RF 2/2A S 1016 BA023275WARR	NYS Comptroller		251,172.00
17-00000561	2017-00000050	A 400.00	1833-4684*EB07012J DA830572	NYS Comptroller		405.00
17-00000561	2017-00000050	A 400.00	1833-4684*EB07012J DA830573	NYS Comptroller		405.00
Account Total: State&Federal,Social Services				5	\$0.00	\$611,963.00
d Total: General						- 810.00
Grand Total:					\$0.00	\$611,963.00

*NOT DSS*  
 STATE / FEDERAL + LOCAL  
 TOTAL REVENUE = 627,712.18

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

From Date: 01/01/2017 - To Date: 01/31/2017

Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Department: 6140 - Home Relief Account: 1840 - Repay of Home Relief						
	01/13/2017			1	\$0.00	\$2,932.00
	01/31/2017			2	\$0.00	\$13,627.18
Account Total: Repay of Home Relief				3	\$0.00	\$16,559.18
Department Total: Home Relief					\$0.00	\$16,559.18
Grand Total: General					\$0.00	\$16,559.18
<b>Grand Total:</b>				3	\$0.00	\$16,559.18

Social Services - Overtime Report - Comparison 2015/2016

Week End	2016 OT	2017 OT	Reason	CPS After Hrs/OnCall	Foster Care	APS/ CASA	Prevent ive	FS/ HEAP	Training	CPS
01/08/17	80.71	31.61	CPS-HV, FC-HV, Heap-emergency heat	29.71	0.25			0.50		1.15
01/22/17	39.18	121.50	CPS-HV,Safety Assess/FC-Mtg,HV,Transport/APS-backlog	79.25	10.85	12.00			16.75	2.65
02/05/17	58.92	65.88	CPS-NR,HV,Backlog/FC-Court/Prev-HV/APS-Backlog	44.68	0.75	1.00	1.00		6.75	11.70
02/19/17	55.29									
03/05/17	29.72									
03/19/17	40.05									
04/02/17	55.53									
04/16/17	88.76									
04/30/17	47.24									
05/14/17	43.23									
05/28/17	45.67									
06/11/17	70.46									
06/25/17	35.95									
07/09/17	70.84									
07/23/17	77.19									
08/06/17	84.93									
08/20/17	71.63									
09/03/17	27.56									
09/17/17	71.80									
10/01/17	87.14									
10/15/17	63.47									
10/29/17	44.12									
11/12/17	37.52									
11/26/17	37.24									
12/10/17	65.89									
12/24/17	75.61									
<b>Totals</b>	<b>1505.65</b>	<b>218.99</b>		<b>153.64</b>	<b>11.85</b>	<b>13.00</b>	<b>1.00</b>	<b>0.50</b>	<b>23.50</b>	<b>15.50</b>