

Health & Human Services Committee
Warren County Department of Social Services

AGENDA
May 1, 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:

Notice of Intent to Fill the position of Resource Assistant #2, Salary \$44,189 (Grade 12 Step 12), Employee No. 11010, due to retirement effective May 31, 2017.

Rationale: This is the Supervisory position in the Resource/Recovery Unit

Please see Attachment #1

2. Request Resolution:

Requesting Approval for the following Mandatory Trainings for Caseworkers:

-D.Colon, Foster Care, Foundations Series Training in Albany, N Y

Foundations Part 1: May 9 - 12; and May 16 - 19, 2017

Foundations Response Training: June 5 - 9; and June 19 – 23, 2017

Foundations Part 2: August 8 – 11; and August 29 – September 1, 2017

-A. Chapman, S. Raymond, Child Protective Services, Child Forensic Interviewing Training in Albany, NY:
May 1 – 5, 2017.

-N. Beaudette & A. Rowell, CPS and Preventive, Sexual Abuse Dynamics Training, Rensselaer, NY June 14-16,
2017.

Please see Attachment #2

3. Request Resolution:

Request to renew the contract with Council For Prevention of Alcohol & Substance Abuse, Inc. for a Youth Court Program, for the period January 1, 2017 through December 31, 2017, in the amount of \$85,820.

Rationale: The purpose of the Youth Court Program is to reduce/prevent cases requiring Family Court and Foster Care Placement.

Please see Attachment #3

4. Request Resolution:

Request to Appoint and Reappoint various members to the Warren County Youth Board.

Rationale: Warren County Youth Board membership includes public officials whose responsibilities bear directly on the welfare of the County's youth population.

Please see Attachment #4

IV. Pending Item

There are no pending items

V. Information for Discussion/Review

1. May is Foster Care Month
2. Countryside Adult Home, Edward Corcoran Director
3. Monthly Revenue & Expenditures, Overtime Report and Budget, Julie Montero
Please see Attachment #5

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

VII. Motion to Adjourn

Attachments:

1. Notice of Intent to Fill Resource Assistant Position
2. Request for Mandatory Trainings
3. Request to Renew Contract with Council for Prevention for a Youth Court Program
4. Request to Appoint and Reappoint members to the Warren County Youth Board
5. Monthly Revenues & Expenditures Report

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No.: 40.00

Title of Position: Resource Assistant #2 Base Salary of Position: \$36,822 Grade: 12

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: 11010 Is this position mandated? Yes No Is the position reimbursable? Yes No

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

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other *PCN 4/26/17*

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. *AT 4-26-17*

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 *L. B. M. [Signature]* Date *4/26/17*

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 *4/26/17*

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 Q. Traver* Date *5/1/17*

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Dept. Social Services hereby authorizes Danielle Colon
(Supervisory Committee) (Employee Name)

to attend CPS Foundations Training Part 1
(Name of meeting or organization)

at CDHS Regional Office 3 Marcus Blvd, Albany, NY 12203 on May 9 - 12 and May 16-19, 2017
(Address) (Dates)

Meeting/Convention Cost: \$0 Mode of transportation to be used: Co. Vehicle
(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. Total Cost of Travel \$ 545.97
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 15 Lunch Budget Code: 9010 444
* www.gsa.gov

Date: 4/28/17

Marcus Schmitt
Department Head Signature

Date: 4/28/17

B. H. [Signature]
County Administrator 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 Buildings & Grounds 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 Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

Cost Analysis

Danielle Colon

Training

CPS Foundations 1

Date(s)

5/9-12/17

5/16-19/17

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

Collins, Joanne (DFA)

- Reg
- Conf
- Cost Analysis
- Committee Req.
- Car
- Calendar

ge

From: Stars@bsc-cdhs.org
Sent: Thursday, April 13, 2017 4:02 PM
To: Collins, Joanne (DFA)
Cc: Schmidt, Maureen (DFA)
Subject: HSLC WBT: CPS Foundation Training Part 1 I - 2017 (begins with online Pretest and WBT's) -SDC Memo
Attachments: 720588_Hotel Cancellation Policy.pdf; 720588_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:

Danielle Colon

Class Title

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

Training Location	Class Date	Start Time	End Time
HSLC WBT: CPS Foundation Training Part 1 I - 2017 (begins with online Pretest and WBT's) Human Services Learning Center https://www.hslcnys.org Phone: 0000000000 Credited Hours: 1.00	05/01/2017 - 06/05/2017		
HSLC WBT: CPS Foundation Training Part 1 I - 2017 (begins with online Pretest and WBT's) test & WBT access Human Services Learning Center https://www.hslcnys.org Phone: 0000000000 Credited Hours: 7.00	05/01/2017 - 06/05/2017		
Virtual Classroom - iLinc	05/02/2017	9:30am	3:00pm
CPS Foundation Training Part 1 I-1 - 2017 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton Albany, NY 12205-1129 Site Contact: Amy Reynolds Comtois Site Contact: Lolita McGee Phone: (518) 435-1825	05/09/2017 05/10/2017 05/11/2017 05/12/2017	9:00am 9:00am 9:00am 9:00am	4:30pm 4:30pm 4:30pm 4:30pm
CPS Foundation Training Part 1 I-2 - 2017 CDHS - Albany Regional Office	05/16/2017 05/17/2017	9:00am 9:00am	4:30pm 4:30pm

3 Marcus Blvd, Suite 105
Room: Carol Clayton
Albany, NY 12205-1129
Site Contact: Amy Reynolds Comtois
Site Contact: Lolita McGee
Phone: (518) 435-1825

05/18/2017 9:00am 4:30pm
05/19/2017 9:00am 4:30pm

HSLC WBT: CPS Foundation Training Part 1 I - 2017 Post Class 05/22/2017 -
Human Services Learning Center 06/05/2017
<https://www.hslcnys.org>
Phone: 0000000000
Credited Hours: 2.25

Virtual Classroom - iLinc 06/13/2017 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 (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Dept. Social Services hereby authorizes Danielle Colon
(Supervisory Committee) (Employee Name)

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

at CDHS Regional Office 3 Marcus Blvd, Albany, NY 12203 on June 5-9 and June 19-23, 2017
(Address) (Dates)

Meeting/Convention Cost: \$0 Mode of transportation to be used: Co. Vehicle
(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. Total Cost of Travel \$ 545.97
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 15 Lunch Budget Code: 9010 444

* www.gsa.gov

Date: 4/28/17

Marcus Schmidt
Department Head Signature

Date: 5/1/17

L.B. M...
County Administrator Signature

Date: _____

Edna G. Trauer
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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Human Services Learning Center

- Home
- User
- Learning
- Manage Staff
- Learning Management
- Reports
- Maintenance
- Help
- Logout

Manage Staff Registration: Joanne Collins - Warren County DSS

[Agency Options](#)

Staff Requesting Registration:

Staff	Class	Status	Date
No current staff members are requesting registration			

Staff Currently Registered: (18 Total) Filter: Or Search: Hide Computer Based Classes Only Show the First Part for Mutlipart Classes and Apply Changes to All Parts

Class: **Child Protective Services Response Training -I-2 - 2017** [Get Announcement](#)
 Class Type: Classroom
 Provider: SUC Buffalo - CDHS
 Contact: [Registration Services](#) (716) 876-7600
 Class Site: CDHS - Albany Regional Office (3 Marcus Blvd, Suite 105)
 Date: 06/19/2017 - 06/23/2017
 Day 1 Time: 12:00pm - 5:00pm
 Max Trainees: 25

CPS Response Training

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 CONNE...

Save Changes

Staff	Class	Detail	Status	Priority	Start Date	Part	Notes	Conf	Meal	Lodging	Confirm
Colon, Danielle*	HSLC WBT: CPS Foundation Training Part 1 I - 2017 (begins with online Pretest and WBT's)		Confirmed	1	05/01/2017	1					
Colon, Danielle*	HSLC WBT: CPS Foundation Training Part 1 I - 2017 (begins with online Pretest and WBT's) test & WBT access		Confirmed	1	05/01/2017	2					
Colon, Danielle*	LL: Working with Progress Notes in CONNECTIONS CPS Foundations Part 1 I - 2017		Confirmed	1	05/02/2017	6					
Colon, Danielle	LL: Working with Progress Notes in CONNECTIONS I-2017 PM BT		Confirmed	17	05/02/2017	1					
Colon, Danielle*	CPS Foundation Training Part 1 I-1 - 2017	Confirmed		1	05/09/2017	3					
Colon, Danielle*	CPS Foundation Training Part 1 I-2 - 2017	Confirmed		1	05/16/2017	4					
Colon, Danielle*	HSLC WBT: CPS Foundation Training Part 1 I - 2017 Post Class	Confirmed		1	05/22/2017	5					
Colon, Danielle*	HSLC WBT: Child Protective Services Response Training -I - 2017	Pending Acceptance		1	05/30/2017	1					
Colon, Danielle*	Child Protective Services Response Training -I-1 - 2017	Pending Acceptance		1	06/05/2017	2					
Colon, Danielle*	HSLC WBT: Child Protective Services Response Training -I - 2017 Mid-Week	Pending Acceptance		1	06/12/2017	3					
Colon, Danielle*	LL: Exploring the Person List Window of the FSS CPS Foundations Part 1 I - 2017	Confirmed		1	06/13/2017	7					
Colon, Danielle*	LL: CPSRT I - 2017 CONNX Starting the Investigation in CONNECTIONS	Pending Acceptance		1	06/15/2017	4					
Colon, Danielle*	Child Protective Services Response Training -I-2 - 2017	Pending Acceptance		1	06/19/2017	5					
Colon, Danielle*	HSLC WBT: CPS Foundation Training Part 2				07/17/2017	1					

* Indicates that the corresponding course has pre-requisites

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Dept. Social Services hereby authorizes Danielle Colon
(Supervisory Committee) (Employee Name)

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

at CDHS Regional Office 3 Marcus Blvd, Albany, NY 12203 on Aug. 8-11 and Aug. 29-Sept 1, 2017
(Address) (Dates)

Meeting/Convention Cost: \$0 Mode of transportation to be used: Co. Vehicle
(County Vehicle or Mass Transportation)

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(Please check documents attached)

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(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 15 Lunch Budget Code: 9010 444
* www.gsa.gov

Date: 4/28/17

Maureen Schmitt
Department Head Signature

Date: 5/1/17

B. M. [Signature]
County Administrator Signature

Date: _____

Edna A. [Signature]
Committee Chairman Signature

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6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

Cost Analysis	Training	Date(s)
Danielle Colon	CPS Foundations II	8/8-11/17 8/29-9/1/17

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		
				X 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

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Manage Staff Registration: Joanne Collins - Warren County DSS

[Agency Options](#)

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Staff: No current staff members are requesting registration

Staff Currently Registered: (18 Total)

Filter: Or Search:

- Hide Computer Based Classes
- Only Show the First Part for Multipart Classes and Apply Changes to All Parts

Class: HSLC WBT: CPS Foundation Training Part 2 I - 2017 (begins with online Pretest and WBT's) [Get Announcement](#)

Class Type: HSLC Web based

Provider: SUC Buffalo - CDHS

Contact: [Registration Services](#) (716) 876-7600

Class Site: Human Services Learning Center (<https://www.hslcnys.org>)

Date: 07/17/2017 - 09/01/2017

Day 1 Time: 9:00am - 4:30pm

Max Trainees: 25

CPS Found Part 2

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.

Save Changes

Staff	Class	Detail	Status	Priority	Start Date	Part	Notes	Conf	Meal	Lodging	Confirm
Colon, Danielle *	HSLC WBT: CPS Foundation Training Part 1 I - 2017 (begins with online Pretest and WBT's)		Confirmed	1	05/01/2017	1					
Colon, Danielle *	HSLC WBT: CPS Foundation Training Part 1 I - 2017 (begins with online Pretest and WBT's) test & WBT access		Confirmed	1	05/01/2017	2					
Colon, Danielle *	LL: Working with Progress Notes in CONNECTIONS CPS Foundations Part 1 I - 2017		Confirmed	1	05/02/2017	6					
Colon, Danielle	LL: Working with Progress Notes in CONNECTIONS I-2017 PM BT		Confirmed	17	05/02/2017	1					
Colon, Danielle *	CPS Foundation Training Part 1 I-1 - 2017	Confirmed		1	05/09/2017	3					
Colon, Danielle *	CPS Foundation Training Part 1 I-2 - 2017	Confirmed		1	05/16/2017	4					
Colon, Danielle *	HSLC WBT: CPS Foundation Training Part 1 I - 2017 Post Class	Confirmed		1	05/22/2017	5					
Colon, Danielle *	HSLC WBT: Child Protective Services Response Training -I - 2017	Pending Acceptance		1	05/30/2017	1					
Colon, Danielle *	Child Protective Services Response Training -I-1 - 2017	Pending Acceptance		1	06/05/2017	2					
Colon, Danielle *	HSLC WBT: Child Protective Services Response Training -I - 2017 Mid-Week	Pending Acceptance		1	06/12/2017	3					
Colon, Danielle *	LL: Exploring the Person List Window of the FSS CPS Foundations Part 1 I - 2017	Confirmed		1	06/13/2017	7					
Colon, Danielle *	LL: CPSRT I - 2017 CONNX Starting the Investigation in CONNECTIONS	Pending Acceptance		1	06/15/2017	4					
Colon, Danielle *	Child Protective Services Response Training -I-2 - 2017	Pending Acceptance		1	06/19/2017	5					
Colon, Danielle *	HSLC WBT: CPS Foundation Training Part 2				07/17/2017	1					

* Indicates that the corresponding course has pre-requisites

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Dept. Social Services hereby authorizes Sarah Raymond and Mary Alice Chapman
(Supervisory Committee) (Employee Name)

to attend Child Forensic Interviewing Training
(Name of meeting or organization)

at SUNY Albany, 4 Tower Place, Albany, NY 12203 on May 1 - 5, 2017
(Address) (Dates)

Meeting/Convention Cost: \$140.10 Mode of transportation to be used: Co. Vehicle
(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. Total Cost of Travel \$ 1,177.10
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 15 Lunch Budget Code: 9010 444
* www.gsa.gov

Date: 4/28/17

Maureen Schmidt
Department Head Signature

Date: 5/1/17

[Signature]
County Administrator Signature

Date: _____

Edna A. France
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**

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2. Copy to Buildings & Grounds 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 Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

Cost Analysis	Training	Date(s)
Sarah Raymond	Child Forensic Interview Training	5/1-5/5/17
Alice Chapman		

Overnight	Commuting	Cost of Training/Person	\$	14.00
# of miles/1 way		# of staff attending		2
X # trips			\$	140.00
Total # of miles	0			
	50	Fleet Car - .25		
	10	Overnight	\$	-
	500	Commute	\$	125.00

Estimated Overtime

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	43,161	20.75	31.13	15	466.89		
#2	41,158	19.79	29.68	15	445.22	Commuting OT	\$ 912.10
#3		0.00	0.00		0.00		

Totals

Fleet Car + Training + Hotel + OT	
Fleet Car + Training + Overtime	\$ 1,177.10

Course Description

ChildFirst® Forensic Interview training provides training in the ChildFirst® Forensic Interview Protocol, a flexible model that includes poly-victimization screening and explores all forms of maltreatment. The foundation of ChildFirst® is the best interest of the child. The training also includes child development, memory and suggestibility, cultural considerations, working effectively as a multi-disciplinary team (MDT), testifying in court, legal issues and preparing children for court. This five-day classroom training course gives child abuse professionals a comprehensive introduction to the forensic interviewing process and teaches students to apply the latest research to real-life situations.

Preference is given to CPS and Law Enforcement/ADA who attend as a team.

Basic eligibility: Participant must presently be conducting or will be conducting forensic interviews. Local district CPS caseworkers and supervisors who attend this training must have completed the OCFS approved Sexual Abuse Dynamics and Intervention Training.

Although this training is listed in HSLC, there will be a screening process to accommodate trainees. Registration priority is as follows:

- (1) Those with MDTs and CACs
- (2) Local district CPS caseworkers and supervisors
- (3) Region (the one where the training site is located and those contiguous)

Trainee travel reimbursement for overnight rooms, mileage and/or meals may be available for CPS attendees only. PDP must be contacted prior to the training for trainee's reimbursement approval. PDP will work in collaboration with OCFS to determine if trainee travel is approvable on a case-by-case basis.

Training Description

Same as Course Description

Target Population

This course is designed for local district CPS caseworkers and supervisors, Multi-Disciplinary Team (MDT) members, Joint Response Team members and Child Advocacy Center Staff.

CPS: CPS must be presently conducting or planning to conduct forensic interviews of children in alleged abuse cases and be part of a CAC/MDT. OCFS training fees apply to local districts (\$14/day per person).

Law Enforcement/ADA: Law Enforcement (LE) and ADAs must be presently conducting or planning to conduct forensic interviews of children in alleged abuse cases and be part of a CAC/MDT.

Course Prerequisites

At least one of the following:

Sexual Abuse Dynamics and Intervention Training

Course Content

Child Protection

Pre-registration Required

Yes

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Department Social Services hereby authorizes Adrienne Rowell and Nicole Beaudette
(Supervisory Committee) (Employee Name)

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

at Rensselaer County DSS, on June 14 - 16, 2017
(Address) (Dates)

Meeting/Convention Cost: \$14 day per pers Mode of transportation to be used: Co Vehicle
(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. Total Cost of Travel \$ 527.43
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ 58.00 GSA* Rate \$ 116.00

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 16 (lunch) Budget Code: 9010 444
* www.gsa.gov

Date: 4/28/17

Maureen Schmidt
Department Head Signature

Date: 5/1/17

[Signature]
County Administrator 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 Buildings & Grounds 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 Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

Cost Analysis		Training		Date(s)	
Adrienne Rowell		Sexual Abuse Dynamics &		6/14 - 6/16/17	
Nicole Beaudette		Intervention Training			
		Cost of Training/Person = \$14/day		\$	42.00
		# of staff attending			2
				\$	84.00
Overnight		Commuting			
# of miles/1 way	<u>55</u>		<u>55</u>		
X # trips	<u>2</u>		<u>6</u>		
Total # of miles	110		330		
		X	Fleet Car - .25		
			Overnight	\$	27.50
			Commute	\$	82.50
Estimated Overtime					
		Commuting			
	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>41,707</u>	20.05	30.08	<u>6</u>	180.46
#2	<u>41,707</u>	20.05	30.08	<u>6</u>	180.46
#3	<u> </u>	0.00	0.00	<u> </u>	0.00
				Commuting OT	\$ 360.93
		Overnight			
			# of hrs	Total OT	
#1			<u>2</u>	60.15	
#2			<u>2</u>	60.15	
#3			<u> </u>	0.00	
				Overnight OT	\$ 120.31
Hotel		Rate/night		Total Hotel Expense	
2 nights	4	\$	58.00	\$	232.00
Totals					
		Fleet Car + Training + Hotel + OT		\$	463.81
		Fleet Car + Training + Overtime		\$	527.43

Provider**Fordham University/Children&Families Ins**

Date & Time	Name & Location	Registration Deadline	Lodging
06/14/17 8:30am to 4:30pm 06/15/17 8:30am to 4:30pm 06/16/17 8:30am to 4:30pm	Sexual Abuse Dynamics and Intervention Training Rensselaer County DSS 127 Bloomingrove Drive Room: 2nd Floor Conference Room Troy NY 12180 Contact: Robin A. Chaisson Contact Phone: 518 833-6037 Location Phone: 518 833-6037	05/31/2017	Fairfield Inn East Greenbush 124 Troy Road East Greenbush 12061 Phone: 518 477-7984

Additional Information**Course Description**

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

Training Description

Same as Course Description

Target Population

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

Course Content

Casework Practices

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

Yes

Trainer(s)

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Social Services

DATE: May 1, 2017

- (a) Purpose of Contract Change: **Renew Contract with Council For Prevention, for a Youth Court Program.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
- (c) Name of Contractor: **Council For Prevention.**
- (d) Address of Contractor: **10 LaCross St, Hudson Falls, NY 12839**
- (e) Contractor's Contact Person and Telephone Number: **Catherine Chambers 518.746.1527**
- (f) Commencement Date of Extension: **January 1, 2017**
- (g) Termination Date of Extension: **December 31, 2017**
- (h) Payment Provisions:
 - i) lump sum amount **\$85,820.00**
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and 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

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: May 1, 2017

- (a) Name of Appointee: **Maureen Schmidt**
- (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 **Maureen Schmidt, Commissioner Dept. of Social Services**
- (e) Address of Appointee: **1340 State Rt. 9, Lake George, NY 12845**
- (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. 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: May 1, 2017

- (a) Name of Appointee: **Robert Iusi**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA09 2014**
- (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 **Director, Warren County Probation Department**
- (e) Address of Appointee: **1340 State Route 9, Lake George, NY 12845**
- (f) Title of Appointment: **Warren County Youth Board**
- (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. 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: May 1, 2017

- (a) Name of Appointee: **Michael Cherubini**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA05 2016**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Town of Hague**
- (e) Address of Appointee: **138 West Hague Rd., Hague, NY 12836**
- (f) Title of Appointment: **Warren County 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. 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: May 1, 2017

- (a) Name of Appointee: **Chris Hunsinger**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Director, Warren County Employment & Training Administration**
- (e) Address of Appointee: **333 Glen St, Glens Falls, NY 12801**
- (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. 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: May 1, 2017

- (a) Name of Appointee: **Cindy Mulcahy**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Warren County Social Services - Family Preservation & Youth Development Unit, Case B Supervisor**
- (e) Address of Appointee: **1340 State Rt. 9, Lake George, NY 12845**
- (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. 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: May 1, 2017

- (a) Name of Appointee: **Maureen Taylor**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Warren County Social Services - Family Preservation & Youth Development Unit, Sr. Caseworker**
- (e) Address of Appointee: **1340 State Rt. 9, Lake George, NY 12845**
- (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:

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

ATTACHMENT #5

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR MARCH 2017

FUND(S): A

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

EXPENSES	2017 BUDGETED	MAR 2017 EXP	MAR 2016 EXP	2017 YTD ACTUAL	2016 Prior Year Totals
110 Salaries - Regular	\$5,933,344.00	\$429,449.58	\$419,342.03	\$1,177,607.11	\$5,519,162.24
120 Salaries - Overtime	\$75,222.00	\$8,167.04	\$2,748.08	\$22,495.65	\$73,784.67
130 Salaries - Part Time	\$211,133.00	\$23,055.12	\$24,483.97	\$62,107.51	\$239,609.14
100's PERSONAL SERVICES Total	\$6,219,699.00	\$460,671.74	\$446,574.08	\$1,262,210.27	\$5,832,556.05
200's EQUIPMENT	\$32,100.00	\$435.96	\$356.00	\$2,134.91	\$71,350.47
400's CONTRACTUAL	\$22,744,201.00	\$1,813,725.43	\$1,753,556.59	\$4,528,881.10	\$22,697,544.19
800's EMPLOYEE BENEFITS	\$3,741,065.00	\$274,702.14	\$241,427.13	\$886,851.14	\$3,452,153.19
TOTALS	\$32,737,065.00	\$2,549,535.27	\$2,441,913.80	\$6,680,077.42	\$32,053,603.90

REVENUES	2017 BUDGETED	MAR 2017 REVENUE	MAR 2016 REVENUE	2017 YTD ACTUAL	2016 Prior Year Totals
	\$15,751,437.00	\$1,480,824.05	\$1,626,866.11	\$2,342,502.56	\$14,706,523.08

Expense Budget Performance Report

Fiscal Year to Date 03/31/17

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
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,257,048.00	.00	5,257,048.00	378,427.51	.00	1,035,471.12	4,221,576.88	20	4,896,926.59
120	Salaries - Overtime	49,222.00	.00	49,222.00	5,032.58	.00	15,150.32	34,071.68	31	48,179.98
130	Salaries - Part Time	43,463.00	.00	43,463.00	9,247.79	.00	25,446.60	18,016.40	59	65,817.83
<i>Personal Services Totals</i>		\$5,349,733.00	\$0.00	\$5,349,733.00	\$392,707.88	\$0.00	\$1,076,068.04	\$4,273,664.96	20%	\$5,010,924.40
<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	435.96	(174.42)	2,011.91	3,162.51	37	4,976.84
230 Automotive Equipment - Reserve										
230.1	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	14,125.00
230 - Automotive Equipment - Reserve Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$14,125.00
<i>Equipment Totals</i>		\$6,500.00	\$0.00	\$6,500.00	\$435.96	(\$174.42)	\$2,011.91	\$4,662.51	28%	\$23,342.84
<i>Contractual Expense</i>										
410	Supplies	60,000.00	.00	60,000.00	6,691.41	4,812.07	10,009.38	45,178.55	25	53,420.73
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	141,136.74	423,410.26	25	564,546.94
418	Ins-General Liability	38,957.00	.00	38,957.00	497.47	.00	35,876.24	3,080.76	92	37,157.40
423	Telephone	20,000.00	.00	20,000.00	1,640.98	.00	3,972.83	16,027.17	20	19,679.88
424	Postage	30,000.00	.00	30,000.00	5,694.35	.00	6,140.54	23,859.46	20	31,073.37
426	Subscriptions	500.00	.00	500.00	.00	.00	27.90	472.10	6	490.36
427	Memberships & Dues	5,000.00	.00	5,000.00	.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	770.00	7,700.00	1,540.00	.00	100	8,747.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	.00	95,000.00	0	95,000.00
435	Medical Fees	1,000.00	.00	1,000.00	405.00	.00	367.89	632.11	37	411.31
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	426.71	.00	795.08	4,204.92	16	4,885.72
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	258.23	.00	1,930.11	8,069.89	19	8,634.58
442	Automotive - Gas & Oil	12,000.00	.00	12,000.00	491.07	.00	1,035.97	10,964.03	9	5,499.67
444	Travel/Education/Conference	17,000.00	.00	17,000.00	804.90	.00	2,171.12	14,828.88	13	11,432.95
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	4,748.67	12,466.64	6,597.34	301,696.02	6	287,124.13
<i>Contractual Expense Totals</i>		\$1,200,504.00	\$0.00	\$1,200,504.00	\$69,474.37	\$24,978.71	\$216,519.14	\$959,006.15	20%	\$1,153,019.90
<i>Employee Benefits</i>										
810	Retirement	727,179.00	.00	727,179.00	52,822.88	.00	157,458.63	569,720.37	22	685,689.65
830	Social Security	331,675.00	.00	331,675.00	22,765.09	.00	62,370.11	269,304.89	19	292,588.86
831	Medicare Contribution	77,574.00	.00	77,574.00	5,324.22	.00	14,586.50	62,987.50	19	68,428.27
860	Hospitalization	1,568,161.00	.00	1,568,161.00	116,316.85	.00	362,471.69	1,205,689.31	23	1,438,925.21
865	Dental Insurance	24,144.00	.00	24,144.00	1,912.00	.00	5,682.00	18,462.00	24	22,265.73

Expense Budget Performance Report

Fiscal Year to Date 03/31/17

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
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Employee Benefits Totals</i>		\$2,728,733.00	\$0.00	\$2,728,733.00	\$199,141.04	\$0.00	\$602,568.93	\$2,126,164.07	22%	\$2,507,897.72
<i>Other Benefits</i>										
840	Workmen's Compensation	50,658.00	.00	50,658.00	.00	.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	8,701.34
855	Disability	6,000.00	.00	6,000.00	.00	.00	.00	6,000.00	0	6,003.90
861	Retirees Hospitalization	392,256.00	.00	392,256.00	33,252.38	.00	99,844.81	292,411.19	25	366,748.44
862	Health Insurance Cost Reimbursement	.00	.00	.00	584.85	.00	1,144.05	(1,144.05)	+++	.00
<i>Other Benefits Totals</i>		\$463,914.00	\$0.00	\$463,914.00	\$33,837.23	\$0.00	\$151,646.53	\$312,267.47	33%	\$434,138.22
EXPENSE TOTALS		\$9,749,384.00	\$0.00	\$9,749,384.00	\$695,596.48	\$24,804.29	\$2,048,814.55	\$7,675,765.16	21%	\$9,129,323.08
Department 6010 - Social Services Totals		(\$9,749,384.00)	\$0.00	(\$9,749,384.00)	(\$695,596.48)	(\$24,804.29)	(\$2,048,814.55)	(\$7,675,765.16)	21%	(\$9,129,323.08)
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	676,296.00	.00	676,296.00	51,022.07	.00	142,135.99	534,160.01	21	622,235.65
120	Salaries - Overtime	26,000.00	.00	26,000.00	3,134.46	.00	7,345.33	18,654.67	28	25,604.69
130	Salaries - Part Time	167,670.00	.00	167,670.00	13,807.33	.00	36,660.91	131,009.09	22	173,791.31
<i>Personal Services Totals</i>		\$869,966.00	\$0.00	\$869,966.00	\$67,963.86	\$0.00	\$186,142.23	\$683,823.77	21%	\$821,631.65
<i>Equipment</i>										
210	Furniture/Furnishings	5,400.00	(488.00)	4,912.00	.00	.00	123.00	4,789.00	3	4,356.72
230	Automotive Equipment - Reserve									
230.1	Automotive Equipment - Reserve	.00	21,500.00	21,500.00	.00	21,371.00	.00	129.00	99	.00
230 - Automotive Equipment - Reserve Totals		\$0.00	\$21,500.00	\$21,500.00	\$0.00	\$21,371.00	\$0.00	\$129.00	99%	\$0.00
260	Other Equipment	20,000.00	488.00	20,488.00	.00	.00	.00	20,488.00	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	\$21,500.00	\$47,100.00	\$0.00	\$21,371.00	\$123.00	\$25,606.00	46%	\$48,007.63
<i>Contractual Expense</i>										
410	Supplies	30,000.00	217.56	30,217.56	3,706.74	7,674.59	4,975.79	17,567.18	42	26,057.23
413	Repair & Maint.-Bldg/Property	35,000.00	.00	35,000.00	1,378.25	7,943.22	3,895.55	23,161.23	34	39,840.34
415	Electricity	28,000.00	.00	28,000.00	1,810.24	.00	3,591.11	24,408.89	13	24,170.12
416	Oil & Gas-Heating	40,000.00	.00	40,000.00	3,110.82	.00	7,064.78	32,935.22	18	17,474.87
418	Ins-General Liability	9,564.00	.00	9,564.00	.00	.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	212.37	.00	413.36	2,586.64	14	1,956.91
424	Postage	700.00	.00	700.00	8.29	.00	8.29	691.71	1	195.65
426	Subscriptions	300.00	4.00	304.00	.00	.00	303.73	.27	100	275.81
428	Data Processing & Internet Fees	1,250.00	.00	1,250.00	189.92	820.16	379.84	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	.00	.00	4,100.00	14,900.00	22	16,250.00

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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>										
435	Medical Fees	3,200.00	.00	3,200.00	215.00	.00	215.00	2,985.00	7	1,605.00
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	10,602.20	3,654.06	3,743.74	79	16,284.52
439	Misc Fees & Expenses	1,100.00	.00	1,100.00	25.00	250.00	50.00	800.00	27	713.61
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	219.88	.00	233.02	2,766.98	8	1,137.07
442	Automotive - Gas & Oil	2,000.00	.00	2,000.00	142.62	.00	319.01	1,680.99	16	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	12,183.00	40,273.33	21,837.24	57,389.43	52	98,537.42
451	Medical Supply Expense	5,000.00	.00	5,000.00	441.65	2,058.35	621.80	2,319.85	54	2,621.45
453	Uniforms & Clothing	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	61,000.00	.00	61,000.00	4,441.92	16,765.52	7,809.48	36,425.00	40	35,192.36
<i>Contractual Expense Totals</i>		\$386,414.00	\$217.56	\$386,631.56	\$29,263.72	\$86,387.37	\$68,502.91	\$231,741.28	40%	\$295,138.40
<i>Employee Benefits</i>										
810	Retirement	109,968.00	.00	109,968.00	7,732.14	.00	22,880.02	87,087.98	21	104,558.02
830	Social Security	53,939.00	.00	53,939.00	3,969.05	.00	10,858.03	43,080.97	20	48,207.44
831	Medicare Contribution	12,614.00	.00	12,614.00	928.29	.00	2,539.37	10,074.63	20	11,274.34
860	Hospitalization	232,604.00	.00	232,604.00	18,884.88	.00	57,559.00	175,045.00	25	221,044.34
865	Dental Insurance	3,480.00	.00	3,480.00	314.00	.00	976.00	2,504.00	28	3,430.00
<i>Employee Benefits Totals</i>		\$412,605.00	\$0.00	\$412,605.00	\$31,828.36	\$0.00	\$94,812.42	\$317,792.58	23%	\$388,514.14
<i>Other Benefits</i>										
840	Workmen's Compensation	8,416.00	.00	8,416.00	.00	.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	8,716.29	.00	26,152.48	77,061.52	25	97,577.25
<i>Other Benefits Totals</i>		\$121,930.00	\$0.00	\$121,930.00	\$8,716.29	\$0.00	\$34,568.16	\$87,361.84	28%	\$108,096.39
EXPENSE TOTALS		\$1,816,515.00	\$21,717.56	\$1,838,232.56	\$137,772.23	\$107,758.37	\$384,148.72	\$1,346,325.47	27%	\$1,661,388.21
Department 6030 - Countryside Adult Home Totals		(\$1,816,515.00)	(\$21,717.56)	(\$1,838,232.56)	(\$137,772.23)	(\$107,758.37)	(\$384,148.72)	(\$1,346,325.47)	27%	(\$1,661,388.21)
Department 6050 - Public Facil. For Children										
EXPENSE										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	30,000.00	.00	30,000.00	.00	.00	.00	30,000.00	0	37,310.50
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%	\$37,310.50
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0%	\$37,310.50
Department 6050 - Public Facil. For Children Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.00	\$0.00	\$0.00	(\$30,000.00)	0%	(\$37,310.50)

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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 6055 - Daycare										
EXPENSE										
Contractual Expense										
470	Contract	1,515,000.00	.00	1,515,000.00	82,006.89	.00	175,460.61	1,339,539.39	12	1,208,301.16
<i>Contractual Expense Totals</i>		\$1,515,000.00	\$0.00	\$1,515,000.00	\$82,006.89	\$0.00	\$175,460.61	\$1,339,539.39	12%	\$1,208,301.16
EXPENSE TOTALS		\$1,515,000.00	\$0.00	\$1,515,000.00	\$82,006.89	\$0.00	\$175,460.61	\$1,339,539.39	12%	\$1,208,301.16
Department 6055 - Daycare Totals		(\$1,515,000.00)	\$0.00	(\$1,515,000.00)	(\$82,006.89)	\$0.00	(\$175,460.61)	(\$1,339,539.39)	12%	(\$1,208,301.16)
Department 6070 - Services for Recipients										
EXPENSE										
Contractual Expense										
470	Contract	300,000.00	.00	300,000.00	5,638.61	.00	10,638.61	289,361.39	4	313,073.26
<i>Contractual Expense Totals</i>		\$300,000.00	\$0.00	\$300,000.00	\$5,638.61	\$0.00	\$10,638.61	\$289,361.39	4%	\$313,073.26
EXPENSE TOTALS		\$300,000.00	\$0.00	\$300,000.00	\$5,638.61	\$0.00	\$10,638.61	\$289,361.39	4%	\$313,073.26
Department 6070 - Services for Recipients Totals		(\$300,000.00)	\$0.00	(\$300,000.00)	(\$5,638.61)	\$0.00	(\$10,638.61)	(\$289,361.39)	4%	(\$313,073.26)
Department 6100 - Medicaid										
EXPENSE										
Contractual Expense										
470	Contract	12,023,087.00	.00	12,023,087.00	914,564.00	.00	2,743,692.00	9,279,395.00	23	13,047,476.50
<i>Contractual Expense Totals</i>		\$12,023,087.00	\$0.00	\$12,023,087.00	\$914,564.00	\$0.00	\$2,743,692.00	\$9,279,395.00	23%	\$13,047,476.50
EXPENSE TOTALS		\$12,023,087.00	\$0.00	\$12,023,087.00	\$914,564.00	\$0.00	\$2,743,692.00	\$9,279,395.00	23%	\$13,047,476.50
Department 6100 - Medicaid Totals		(\$12,023,087.00)	\$0.00	(\$12,023,087.00)	(\$914,564.00)	\$0.00	(\$2,743,692.00)	(\$9,279,395.00)	23%	(\$13,047,476.50)
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
<i>Contractual Expense Totals</i>		\$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	181,213.46	.00	405,655.85	1,694,344.15	19	2,106,953.69
<i>Contractual Expense Totals</i>		\$2,100,000.00	\$0.00	\$2,100,000.00	\$181,213.46	\$0.00	\$405,655.85	\$1,694,344.15	19%	\$2,106,953.69
EXPENSE TOTALS		\$2,100,000.00	\$0.00	\$2,100,000.00	\$181,213.46	\$0.00	\$405,655.85	\$1,694,344.15	19%	\$2,106,953.69
Department 6109 - Aid To Dependent Children Totals		(\$2,100,000.00)	\$0.00	(\$2,100,000.00)	(\$181,213.46)	\$0.00	(\$405,655.85)	(\$1,694,344.15)	19%	(\$2,106,953.69)

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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	3,750,000.00	.00	3,750,000.00	433,841.31	.00	695,794.77	3,054,205.23	19	3,962,734.89
<i>Contractual Expense Totals</i>		<u>\$3,750,000.00</u>	<u>\$0.00</u>	<u>\$3,750,000.00</u>	<u>\$433,841.31</u>	<u>\$0.00</u>	<u>\$695,794.77</u>	<u>\$3,054,205.23</u>	<u>19%</u>	<u>\$3,962,734.89</u>
EXPENSE TOTALS		<u>\$3,750,000.00</u>	<u>\$0.00</u>	<u>\$3,750,000.00</u>	<u>\$433,841.31</u>	<u>\$0.00</u>	<u>\$695,794.77</u>	<u>\$3,054,205.23</u>	<u>19%</u>	<u>\$3,962,734.89</u>
Department 6119 - Child Care Totals		<u>(\$3,750,000.00)</u>	<u>\$0.00</u>	<u>(\$3,750,000.00)</u>	<u>(\$433,841.31)</u>	<u>\$0.00</u>	<u>(\$695,794.77)</u>	<u>(\$3,054,205.23)</u>	<u>19%</u>	<u>(\$3,962,734.89)</u>
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
<i>Contractual Expense Totals</i>		<u>\$5,000.00</u>	<u>\$0.00</u>	<u>\$5,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$5,000.00</u>	<u>0%</u>	<u>\$5,850.82</u>
EXPENSE TOTALS		<u>\$5,000.00</u>	<u>\$0.00</u>	<u>\$5,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$5,000.00</u>	<u>0%</u>	<u>\$5,850.82</u>
Department 6123 - Juvenile Delinquent Care Totals		<u>(\$5,000.00)</u>	<u>\$0.00</u>	<u>(\$5,000.00)</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>(\$5,000.00)</u>	<u>0%</u>	<u>(\$5,850.82)</u>
Department 6129 - State Training School										
EXPENSE										
Contractual Expense										
470	Contract	.00	.00	.00	.00	.00	.00	.00	+++	60,000.00
<i>Contractual Expense Totals</i>		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>+++</u>	<u>\$60,000.00</u>
EXPENSE TOTALS		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>+++</u>	<u>\$60,000.00</u>
Department 6129 - State Training School Totals		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>+++</u>	<u>(\$60,000.00)</u>
Department 6140 - Home Relief										
EXPENSE										
Contractual Expense										
470	Contract	1,200,000.00	.00	1,200,000.00	97,682.55	.00	212,046.93	987,953.07	18	984,603.02
<i>Contractual Expense Totals</i>		<u>\$1,200,000.00</u>	<u>\$0.00</u>	<u>\$1,200,000.00</u>	<u>\$97,682.55</u>	<u>\$0.00</u>	<u>\$212,046.93</u>	<u>\$987,953.07</u>	<u>18%</u>	<u>\$984,603.02</u>
EXPENSE TOTALS		<u>\$1,200,000.00</u>	<u>\$0.00</u>	<u>\$1,200,000.00</u>	<u>\$97,682.55</u>	<u>\$0.00</u>	<u>\$212,046.93</u>	<u>\$987,953.07</u>	<u>18%</u>	<u>\$984,603.02</u>
Department 6140 - Home Relief Totals		<u>(\$1,200,000.00)</u>	<u>\$0.00</u>	<u>(\$1,200,000.00)</u>	<u>(\$97,682.55)</u>	<u>\$0.00</u>	<u>(\$212,046.93)</u>	<u>(\$987,953.07)</u>	<u>18%</u>	<u>(\$984,603.02)</u>
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
Contractual Expense										
470	Contract	30,000.00	.00	30,000.00	.00	.00	.00	30,000.00	0	42,617.04
<i>Contractual Expense Totals</i>		<u>\$30,000.00</u>	<u>\$0.00</u>	<u>\$30,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$30,000.00</u>	<u>0%</u>	<u>\$42,617.04</u>
EXPENSE TOTALS		<u>\$30,000.00</u>	<u>\$0.00</u>	<u>\$30,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$30,000.00</u>	<u>0%</u>	<u>\$42,617.04</u>
Department 6141 - Fuel Crisis Assistance Totals		<u>(\$30,000.00)</u>	<u>\$0.00</u>	<u>(\$30,000.00)</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>(\$30,000.00)</u>	<u>0%</u>	<u>(\$42,617.04)</u>

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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	50,000.00	.00	50,000.00	40.00	.00	287.20	49,712.80	1	34,629.53
<i>Contractual Expense Totals</i>		\$50,000.00	\$0.00	\$50,000.00	\$40.00	\$0.00	\$287.20	\$49,712.80	1%	\$34,629.53
EXPENSE TOTALS		\$50,000.00	\$0.00	\$50,000.00	\$40.00	\$0.00	\$287.20	\$49,712.80	1%	\$34,629.53
Department 6142 - Emergency Aid For Adults Totals		(\$50,000.00)	\$0.00	(\$50,000.00)	(\$40.00)	\$0.00	(\$287.20)	(\$49,712.80)	1%	(\$34,629.53)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	25,000.00	.00	25,000.00	.00	25,000.00	.00	.00	100	25,000.00
<i>Contractual Expense Totals</i>		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	100%	\$25,000.00
EXPENSE TOTALS		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	100%	\$25,000.00
Department 7310 - Youth Program 4-H Camp Totals		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
<i>Contractual Expense</i>										
410	Supplies	76.00	.00	76.00	.00	.00	.00	76.00	0	400.00
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
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%	\$3,412.03
<i>Other Benefits</i>										
861	Retirees Hospitalization	13,883.00	.00	13,883.00	1,179.22	.00	3,537.66	10,345.34	25	13,506.72
<i>Other Benefits Totals</i>		\$13,883.00	\$0.00	\$13,883.00	\$1,179.22	\$0.00	\$3,537.66	\$10,345.34	25%	\$13,506.72
EXPENSE TOTALS		\$19,859.00	\$0.00	\$19,859.00	\$1,179.22	\$0.00	\$3,537.66	\$16,321.34	18%	\$16,918.75
Department 7311 - Youth Bureau Totals		(\$19,859.00)	\$0.00	(\$19,859.00)	(\$1,179.22)	\$0.00	(\$3,537.66)	(\$16,321.34)	18%	(\$16,918.75)
Department 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Contractual Expense</i>										
410	Supplies	200.00	.00	200.00	.00	.00	.00	200.00	0	208.74
424	Postage	40.00	.00	40.00	.52	.00	.52	39.48	1	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	34,785.00
<i>Contractual Expense Totals</i>		\$29,400.00	\$0.00	\$29,400.00	\$0.52	\$0.00	\$0.52	\$29,399.48	0%	\$35,226.77
EXPENSE TOTALS		\$29,400.00	\$0.00	\$29,400.00	\$0.52	\$0.00	\$0.52	\$29,399.48	0%	\$35,226.77
Department 7312 - Special Delinquency Prev. Totals		(\$29,400.00)	\$0.00	(\$29,400.00)	(\$0.52)	\$0.00	(\$0.52)	(\$29,399.48)	0%	(\$35,226.77)

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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									
	<i>Contractual Expense</i>									
470	Contract	68,820.00	.00	68,820.00	.00	.00	.00	68,820.00	0	68,819.99
	<i>Contractual Expense Totals</i>	<u>\$68,820.00</u>	<u>\$0.00</u>	<u>\$68,820.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$68,820.00</u>	<u>0%</u>	<u>\$68,819.99</u>
	EXPENSE TOTALS	<u>\$68,820.00</u>	<u>\$0.00</u>	<u>\$68,820.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$68,820.00</u>	<u>0%</u>	<u>\$68,819.99</u>
Department	7313 - Youth Court Totals	<u>(\$68,820.00)</u>	<u>\$0.00</u>	<u>(\$68,820.00)</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>(\$68,820.00)</u>	<u>0%</u>	<u>(\$68,819.99)</u>
Fund A - General	Totals	<u>\$32,737,065.00</u>	<u>\$21,717.56</u>	<u>\$32,758,782.56</u>	<u>\$2,549,535.27</u>	<u>\$157,562.66</u>	<u>\$6,680,077.42</u>	<u>\$25,921,142.48</u>		<u>\$32,741,441.41</u>
	Grand Totals	<u>\$32,737,065.00</u>	<u>\$21,717.56</u>	<u>\$32,758,782.56</u>	<u>\$2,549,535.27</u>	<u>\$157,562.66</u>	<u>\$6,680,077.42</u>	<u>\$25,921,142.48</u>		<u>\$32,741,441.41</u>

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

From Date: 03/01/2017 - To Date: 03/31/2017

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							
	03/03/2017			2	\$0.00	\$760,569.00	
	03/15/2017			2	\$0.00	\$33,075.60	
	03/20/2017			1	\$0.00	\$14,499.00	
	03/31/2017			2	\$0.00	\$550,067.00	
Account Total: State&Federal,Social Services					7	\$0.00	\$1,358,210.60
Fund Total: General						\$0.00	\$1,358,210.60
Grand Total:					7	\$0.00	\$1,358,210.60

+ LOCAL

1,22,613.45

TOTAL Revenue *1,480,824.05*
March 2017

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

From Date: 03/01/2017 - To Date: 03/31/2017

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Department: 6109 - Aid To Dependent Children						
Account: 1809 - Repay of Aid to A.D.C.						
	03/01/2017			1	\$0.00	\$1,145.00
	03/15/2017			3	\$0.00	\$14,495.86
	03/24/2017			1	\$0.00	\$1,044.60
	03/30/2017			1	\$0.00	\$1,145.00
Account Total: Repay of Aid to A.D.C.				6	\$0.00	\$17,830.46
Department Total: Aid To Dependent Children					\$0.00	\$17,830.46
Department: 6119 - Child Care						
Account: 1819 - Repay of Child Care						
	03/01/2017			1	\$0.00	\$1,434.00
	03/15/2017			1	\$0.00	\$3,085.28
	03/30/2017			1	\$0.00	\$1,434.00
Account Total: Repay of Child Care				3	\$0.00	\$5,953.28
Department Total: Child Care					\$0.00	\$5,953.28
Department: 6140 - Home Relief						
Account: 1840 - Repay of Home Relief						
	03/07/2017			1	\$0.00	\$424.55
	03/13/2017			2	\$0.00	\$1,356.50
	03/15/2017			1	\$0.00	\$1,333.29
	03/20/2017			2	\$0.00	\$46.00
	03/24/2017			2	\$0.00	\$1,633.64
Account Total: Repay of Home Relief				8	\$0.00	\$4,793.98
Department Total: Home Relief					\$0.00	\$4,793.98
Fund Total: General					\$0.00	\$122,613.45

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

From Date: 03/01/2017 - To Date: 03/31/2017

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Fund: A - General						
Department: 6010 - Social Services						
Account: 1810 - Administration						
	03/15/2017			2	\$0.00	\$1,037.19
	03/24/2017			1	\$0.00	\$2,500.00
Account Total: Administration				3	\$0.00	\$3,537.19
Account: 1811 - Medical Incentive Earning						
	03/01/2017			1	\$0.00	\$264.19
	03/07/2017			1	\$0.00	\$850.76
	03/15/2017			1	\$0.00	\$4,212.00
Account Total: Medical Incentive Earning				3	\$0.00	\$5,326.95
Department Total: Social Services					\$0.00	\$8,864.14
Department: 6030 - Countryside Adult Home						
Account: 1830 - Repay - Adult Care, Pub Inst						
	03/01/2017			1	\$0.00	\$21,823.50
	03/24/2017			1	\$0.00	\$27,220.21
	03/30/2017			1	\$0.00	\$18,060.50
Account Total: Repay - Adult Care, Pub Inst				3	\$0.00	\$67,104.21
Department Total: Countryside Adult Home					\$0.00	\$67,104.21
Department: 6101 - Medical Assistance						
Account: 1801 - Repay of Medical Assist						
	03/15/2017			1	\$0.00	\$5,280.98
	03/24/2017			1	\$0.00	\$12,786.40
Account Total: Repay of Medical Assist				2	\$0.00	\$18,067.38
Department Total: Medical Assistance					\$0.00	\$18,067.38

Social Services - Overtime Report - Comparison 2016/2017

Week End	2016 OT	2017 OT	Reason	CPS After Hrs/OnCall	Foster Care	APS/CASA	Preventive	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	94.50	CPS-NR,HV,Removal,Backlog/FC-HV,Placement	52.23	1.07				22.90	18.30
03/05/17	29.72	70.56	CPS-NR,SA,Backlog,Coverage/Preventive-Family Crisis	49.05			0.50		9.55	11.46
03/19/17	40.05	87.14	CPS-NR,HV-SA/FC-Court,transport,GFH/Prev-Respite placement	54.00	2.60		4.00		22.80	3.74
04/02/17	55.53	69.51	CPS-NR, HV,Removal/FC-Court,Placement/Prev-emerg placement	36.79	2.31		1.00		24.31	5.10
04/16/17	88.76	51.66	CPS-NR,Removal/FC-Court,Transport/Prev-Emerg. Placement	20.15	7.61		2.25		14.72	6.93
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									
Totals	1505.65	592.36		365.86	25.44	13.00	8.75	0.50	117.78	61.03



State of New York

Executive Chamber

Proclamation

Whereas, the youth of our state and nation are a precious resource and symbol of hope for the future, and we recognize that every child has the right to grow up in a safe, healthy, and stable home environment within a loving and supportive family; and

Whereas, although the number of children and youth in foster care continues to decline due to the efforts of local, state, and non-profit child welfare partnerships, there are still 19,000 children and youth who seek to be permanently placed in a nurturing home with a caring parent; and

Whereas, our state recognizes that children and youth in foster care have the right to participate in activities that are both age and developmentally appropriate, such as after-school activities, summer programs, and opportunities for gainful work experience; and

Whereas, New York has invested both financial and human resources in programs that are increasing permanency and improving well-being, reducing rates of re-entry into foster care, and helping young people in foster care transition to a brighter, more productive future; and

Whereas, children and youth in the foster care system should be treated with respect and receive care and services that do not discriminate based on race, creed, color, national origin, age, religion, sex, gender identity, or gender expression, sexual orientation, and physical or cognitive disability; and

Whereas, during Foster Care Month in May, we honor these dedicated New Yorkers who are answering the call to action and we mark this month by raising awareness of the need for mentors, volunteers, adoptive and foster parents to improve the lives of children and youth in foster care throughout New York State,

Now, Therefore, I, Andrew M. Cuomo, Governor of the State of New York, do hereby proclaim May 2015 as

FOSTER CARE MONTH

in the Empire State.



Given under my hand and the Privy Seal of the State at the Capitol in the City of Albany this twenty-eighth day of April in the year two thousand fifteen.

Governor

William J. Malton
Secretary to the Governor

COPY
2015
NY
State

Town of Hague

Community Center • 9793 Graphite Mountain Road • P.O. Box 509 • Hague, NY 12836

RESOLUTION # 73OF 2017

RESOLUTION WARREN COUNTY YOUTH BOARD

RESOLUTION introduced by M. Fitzgerald II and seconded by G. Kuenzel

RESOLVED, that the board appoint Mike Cherubini to Warren County Youth Board.

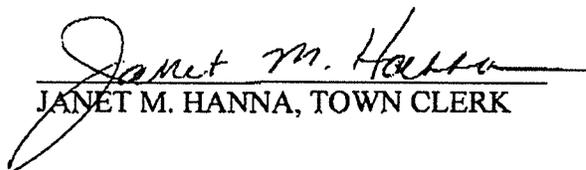
DULY ADOPTED BY THE FOLLOWING VOTE:

AYES: 4 Frasier, Fitzgerald, Kuenzel, Cherubini,

NAYS: 0

ABSENT: 1 Ramant

DATED:4-11-2017


JANET M. HANNA, TOWN CLERK