

Health & Human Services Committee
Warren County Department of Social Services
COMMITTEE MEETING AGENDA
January 25, 2019

Committee Members: Supervisors Frasier, McDevitt, Braymer, Leggett, Loeb, Driscoll, Hyde, Magowan and Sokol.

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

1. **Request Resolutions: (PERSONNEL REQUESTS)**

- Notice of Intent to Fill the Position of Intake Clerk #7 (Grade 4, Step 0), Employee No. [REDACTED] due to termination effective November 12, 2018.
- Notice of Intent to Fill the Position of Medicaid Clerk #3 (Grade 5, Step 5), Employee No. [REDACTED], due to promotion effective November 26, 2018.
- Notice of Intent to Fill the Position of Caseworker #32 (Grade 16, Step 7), Employee No. [REDACTED], in the Child Protective Services Unit, due to promotion effective January 14, 2019.
- Notice of Intent to Fill the Position of Sr. Aide #1 at *Countryside Adult Home* (Grade 7, Step 30), Employee No. [REDACTED], due to retirement effective January 18, 2019.
- Notice of Intent to Fill the Position of Part-Time Account Clerk #3 at *Countryside Adult Home* (Grade 4, Step 0), Employee No. [REDACTED], due to resignation effective December 31, 2018.

Rationale: These are mandated/reimbursed positions.

- Requesting Out-Of-Title pay for the Senior Aide #2 at *Countryside Adult Home*, (Grade 7, Step 28), Employee No. [REDACTED], in the absence of a Director, which was effective November 19, 2018.

Rationale: The residential facility, which operates 24/7 requires on-site operational oversight.

- Request permission to temporarily increase the hours of the Part-Time Sr. Account Clerk *Countryside Adult Home*, Employee No. [REDACTED], from 24 hours to week, to 32 hours per week, until the Part-Time Account Clerk vacancy is filled.

Rationale: The PT Account Clerk #3 vacancy resulted in an increase in workload for the PT Sr. Account Clerk.

PLEASE SEE ATTACHMENT(S) #1

2. **Request Resolution:**

- Request to Amend the Contract with KMG, Michael Gray, for electronic monitoring services for youth. Note: this contract was transferred to the Probation Department (Ref. Reso 362 of 2018 *copy attached*); however, it will be paid for with funds from the Social Services Budget; therefore, we are requesting that the KMG contract between Social Services and Probation be renewed for the period commencing January 1, 2019 and terminating December 31, 2019.

Rationale: Request to renew contract must come from Social Services as payments for these services are included in the Social Services Budget.

PLEASE SEE ATTACHMENT #2

3. **Request Resolutions:**

[CAPTA/CARA State Grant FY2018: Child Abuse or Neglect Prevention and Treatment Act;
RE: Local Commissioners Memorandum 18-OCFS-LCM-19]

- Request permission for the Department of Social Services to enter into an agreement with the Warren County Public Health Department, to provide child welfare **and** community health services, by employing a behavioral public health nurse, to identify and support the behavioral health needs of both the adults and children with substance abuse issues; for a one-year term commencing December 1, 2018 and terminating November 30, 2019, for a total amount not to exceed \$ 50,000.
- Request to Amend the County Budget to increase revenues and appropriations in the amount of \$50,000, to reflect CAPTA/CARA funding to employ a public health nurse as previously described, to comply with Local Commissioners Memorandum which pertains to the Child Abuse or Neglect Prevention and Treatment Act.

Rationale: Local Commissioners Memorandum 18-OCFS-LCM-19 Announcement of Funds for specific use.

PLEASE SEE ATTACHMENT #3

4. **Request Resolution:**

- Request authorization to enter into an agreement with the Warren-Washington Homeless Youth Coalition d/b/a Wait House, to provide services pertaining to Sexually Exploited Youth (SEY), for the term commencing January 1, 2019 and terminating December 31, 2019, for a total amount not to exceed \$30,000 (to be paid for by SEY funds in the Department of Social Services Budget).

Rationale: The Department of Social Services has the responsibility to provide services to sexually exploited children up to age 21 in Warren County, pursuant to the Safe Harbor Act. Sexually Exploited Youth (SEY) Program funds were awarded to the Department of Social Services in 2018 to be used for this purpose.

PLEASE SEE ATTACHMENT #4

5. **Request Resolution:**

- Request authorization to appoint and re-appoint members to the Warren County Youth Board for one-year terms (January 1, 2019-December 31, 2019).

Rationale: Warren County Youth Board membership includes representation from Warren County Municipalities, the Board of Supervisors, and two Youth Representatives/Members.

PLEASE SEE ATTACHMENT #5

6. **Request Resolution:**

-Request for Approval for Out-of-State Travel; for two Foster Care Caseworkers to transport a child in the care of/custody of the Warren County Department of Social Services, from Greensburg, Pennsylvania back to Warren County, NY, at a cost of \$250.00.

Rationale: The child is in the care/custody of Warren County DSS.

PLEASE SEE ATTACHMENT #6

IV. Pending Items - There are no pending items

V. Information for Discussion and/or Review

- Chris Hanchett, Commissioner; Commissioner's Report and Countryside Adult Home updates
 - Julie Montero, Fiscal Manager - Monthly Revenue & Expenditures and Overtime Reports;
- (PLEASE SEE ATTACHMENT #7)**

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

VII. Motion to Adjourn

ATTACHMENTS:

1. **DSS:** Notices of Intent to Fill-Intake Clerk #7; Medicaid Clerk #3; Caseworker #32;
Countryside: Notices of Intent to Fill Sr. Aide #1; PT Account Clerk #3; Request out-of-title pay for Sr. Aide #2, Request increase in hours for PT Sr. Account Clerk.
2. Request to Renew KMG Agreement 2019
3. Request to enter into an Agreement with WC Public Health-For a Public Health Nurse re: CAPTA Directive; and Amend Budget \$50,000 CAPTA
4. Request to enter into Agreement with HCY/Wait House, to provide SEY Services using designated SEY funds
5. Request Warren County Youth Board Appointments/Re-Appointments for 2019
6. Request Out-Of-State Travel/Expense – for transport of child in care/custody of DSS
7. Monthly Revenue & Expenses, Overtime Reports.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.03
Title of Position: Intake Clerk #7 (2406) Base Salary of Position: 28,589 29,333 Grade: 4
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [X] Termination [] Promotion [] Other
Employee No./Last Name: 11518/Heid Date of Vacancy: 11/12/18
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [X] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 2/20/19
Human Resources Director has approved this form when initialed. 1/18/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/18/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 1/22/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Edna A. Javier Date 1/25/19

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.03
Title of Position: Medicaid Clerk #3 (2071) Base Salary of Position: 29,747 30,520 Grade: 5
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [X] Promotion [] Other
Employee No./Last Name: 12294/Murray Date of Vacancy: 11/26/18
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50 % [X] State 25 % [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director
Candidate's qualifications must be approved by Personnel Officer prior to hiring. Date: 1/19/19
Human Resources Director has approved this form when initialed. Date: 1/18/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature: [Signature] Date: 1/18/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature: Frank E Thomas Date: 1/22/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee: Health, Human & Social Services
[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature: Edna A. Francis Date: 1/25/19

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #32 (1661) Base Salary of Position: 43,390 Grade: 16
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [X] Promotion [] Other
Employee No./Last Name: 11916/Berry Date of Vacancy: 01/14/19
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. [X] 1/19/19
Human Resources Director has approved this form when initialed. [X] 1-18-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/18/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E Thomas Date 1/22/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Edna A Fraser Date 1/25/19

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: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Senior Aide #1 (2394) Base Salary of Position: 33,600 Grade: 7
Filling at Step # (If Known):
Budget code and title: A6030 110 - Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [X] Retirement [] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: 5657/LD Date of Vacancy: 01/18/19
Is this position mandated? [X] Yes [] No ... the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal % [X] State 50 % [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [X] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. [X] 1-19-19
Human Resources Director has approved this form when initialed. [X] 1-18-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/18/19

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E Thomas Date 1/22/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A Fusier Date 1/25/19

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: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Account Clerk #3 - Part Time Base Salary of Position: 29,333 Grade: 4
Filling at Step # (If Known):
Budget code and title: A6030 130 - Salaries - Part-Time Union [X] Non-Union []
This position is vacated due to: [] Retirement [X] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: 12650/K Chilson Date of Vacancy: 12/31/18
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal [] % [X] State 50 [] Other [] %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [X] Competitive-no list (hiring would be provisional) [X] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 1/22/19
Human Resources Director has approved this form when initialed. 1/22/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/22/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature [Signature] Date 1/25/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature] Date 1/25/19

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 01/25/19

- (a) Purpose of Request: **Request for temporary Out-of-Title pay for Sr. Aide #2, (Grade 7, Step 26), Employee [REDACTED], until the Director vacancy is evaluated, posted, and filled.**
- (b) Details: **To reflect the increased responsibilities and work load for the Sr. Aide #2, in the absense of a Director. Countryside Adult Home is a 24 hours residetial facility with approximately 25 staff.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A 6030 110 Countryside Salaries - Full Time**

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

* as listed in budget and LOGOS

Out of Title Cost Analysis

Director		2018	Hourly Rate	\$ 25.38
Amy M.				\$ 20.42
			Difference	\$ 4.96
11/19 - 12/31/18	31 days x 8 hrs =		Number of hours worked	248.00
				\$ 1,230.08

Director		2019	Hourly Rate	\$ 26.11
Amy M.				\$ 20.93
			Difference	\$ 5.18
1/1 -3/1/19	44 days x 8 hrs =		Number of hours worked	352.00
				\$ 1,823.36

Approximate out of title costs 11/19/18 - 3/1/19 \$ 3,053.44

All Countryside Adult Home expenses are reimbursed by DOH @ 50%

Total cost to County \$ 1,526.72

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 01/25/19

- (a) Purpose of Request: **Request Authorization to temporarily increase the total weekly hours of the Part-Time Sr. Account Clerk (Grade 7, Step 7), Employee No. [REDACTED] from 24 hours per week to 32 hours per week, until the Part Time Account Clerk Vacancy is filled.**
XZ
- (b) Details: **Increased hours/work load for PT Sr. Account Clerk until PT Account Clerk position is filled.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A 6030 130 Countryside Salaries - Part Time**

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 1/25/19

- (a) Purpose of Contract Change: **To Amend the Contract between KMG Electronic Monitoring Services for Youth and the Probation Department, and to renew the contract for the period 01/01/19-12/31/19 to be paid from the Social Services Budget.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **362 of 2018**
- (c) Name of Contractor: **KMG Electronic Monitoring**
- (d) Address of Contractor: **[REDACTED], Queensbury, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **Michael Gray**
- (f) Commencement Date of Extension: **01/01/19**
- (g) Termination Date of Extension: **12/31/19**
- (h) Payment Provisions:
 - i) lump sum amount
 - 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. **\$1,450 per mo.**
- (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

Warren County Board of Supervisors

RESOLUTION NO. 362 OF 2018

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, BRAYMER, LEGGETT, LOEB, DIAMOND, HYDE, MAGOWAN AND SOKOL

AMENDING RESOLUTION NO. 388 OF 2009, WHICH AMENDED AN AGREEMENT WITH KMG MONITORING SERVICES TO PROVIDE ELECTRONIC MONITORING SERVICES FOR JUVENILES, TO CHANGE THE TERM OF THE AGREEMENT AND TO TRANSFER OVERSIGHT TO THE PROBATION DEPARTMENT

WHEREAS, pursuant to Resolution No. 388 of 2009 (as amended by Resolution No. 464 of 2009), the Chairman of the Board of Supervisors was authorized to execute an amendment agreement with KMG Monitoring Services for electronic monitoring services for juveniles to increase the amount of the agreement to One Thousand Four Hundred Fifty Dollars (\$1,450) per month to provide sixty (60) days of usage per month for a term commencing on July 20, 2009 and terminating on June 30, 2010, with the option to renew for additional one year terms, and

WHEREAS, the Commissioner of the Department of Social Services has requested that the agreement with KMG Monitoring Services be amended to change the term of the agreement to commence on July 1, 2018 and terminate on December 31, 2018 in order to align the term with a similar agreement for electronic monitoring services for adults, and

WHEREAS, the Commissioner of the Department of Social Services has also requested that oversight of the electronic monitoring agreement, including annual renewals, be transferred to the Director of the Warren County Probation Department, now, therefore, be it

RESOLVED, that the agreement with KMG Monitoring Services, [REDACTED] Queensbury, New York 12804, for electronic monitoring services for juveniles be, and hereby is, amended to change the term of the agreement to commence on July 1, 2018 and terminate on December 31, 2018 in order to align the term with a similar agreement for electronic monitoring services for adults, in a form approved by the County Attorney, and be it further

RESOLVED, that oversight for this agreement will be transferred to the Director of the Warren County Probation Department, and be it further

RESOLVED, other than the changes outlined herein, all other terms and conditions of Resolution No. 388 of 2009 (as amended by Resolution No. 464 of 2009) will remain the same.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01/25/19

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **Request Authorization to enter into an Agreement with the Warren County Public Health Dept., to provide child welfare and community health services, for the term December 1, 2018 through November 30, 2019, in the amount of \$50,000. (CAPTA/CARA State Aid)**
- (c) Name of Contractor: **Warren County Public Health Dept.**
- (d) Address of Contractor: **1340 State Route 9, Lake George, NY 12845**
- (e) Contractor's Contact Person and Telephone Number: **518-761-6583**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **December 1, 2018**
- (h) Termination Date of Contract: **November 30, 2019**
- (i) Payment Provisions:
 - i) lump sum amount **\$50,000**
 - 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.
- (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

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

ATTACHMENT #3

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Social Services

DATE: 01/15/19

- (a) Purpose of Amendment: **Increase budget/revenue due to CAPTA/CARA funds allocation to Warren County DSS per attached.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.6010 470 Social Services Contract - \$50,000**

- (c) Revenue Code (with title), and Amount: **A.6010 3610 State Aid - Social Services Admin- \$50,000**



Office of Children and Family Services

Andrew M. Cuomo
Governor

52 WASHINGTON STREET
RENSSELAER, NY 12144

Sheila J. Poole
Acting Commissioner

Local Commissioners Memorandum

Transmittal:	18-OCFS-LCM-19
To:	Local District Commissioners of Social Services Local District Directors of Services
Issuing Division/Office:	Child Welfare and Community Services
Date:	November 1, 2018
Subject:	CAPTA/CARA State Grant FY2018
Contact Person(s):	See page 4
Attachments:	Attachment A: <i>SFY 2018-19 District Allocation Amounts</i> Attachment B: <i>Attestation of Use of CAPTA/CARA Funds</i> Attachment C: <i>Comparable Groups Charts</i> Attachment D: <i>CAPTA/CARA Grant for Plans of Safe Care Quarterly Report</i>

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local social services districts (districts) of the availability of federal Child Abuse or Neglect Prevention and Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act of 2016 (CARA) funds in the State Fiscal Year (SFY) 2018-19. The Consolidated Appropriations Act of 2018 has made available to New York State \$4,466,822 in federal funds for to help states improve their response to families and infants affected by substance use disorders (both alcohol and drugs). The Office of Children and Family Services (OCFS) intends to make available to districts \$3,620,000 of the federal CARA funds each year for the next five years contingent on New York State receiving these federal funds each year. This LCM also provides information on each district's allocation, how districts may use the funds, and planning and claiming requirements.

II. Background

The Consolidated Appropriations Act of 2018, signed into law on March 23, 2018, appropriated \$85.3 million for the CAPTA State Grant in FY 2018. The committee report for the appropriations act agreement specified that the increase in funding is intended to help

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

ATTACHMENT #4

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01/25/19

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **Request Authorization to enter into a contract with the Warren Washington Homeless Youth Coalition d/b/a Wait House, for the term January 1, 2019-December 31, 2019, to provide services related to SEY (Sexually Exploited Youth) prevention and programming, in the amount of \$30,000. These funds were awarded in 2018 and are included in the budget.**
- (c) Name of Contractor: **Wait House (Homeless Youth Coalition)**
- (d) Address of Contractor: **10-12 Wait St, Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number: **518-798-2077**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **January 1, 2019**
- (h) Termination Date of Contract: **December 31, 2019**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$30,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Paid Monthly**)
- (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

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement between the Warren County Department of Social Services (herein after referred to as the Department) and the Warren Washington Counties Homeless Youth Coalition, d/b/a W.A.I.T. House, P.O. Box 3252, Glens Falls, NY 12801 (herein after referred to as the Agency).

WHEREAS, the Department has the responsibility to provide services to sexually exploited children up to age 21 pursuant to the Safe Harbour Act, and

WHEREAS, the Agency represents that they have the necessary expertise to provide these services as specifically set forth on the program guidelines attached and made a part hereof as Schedule A of this agreement.

The parties agree to the following:

1. The Agency will perform the services as outlined in Schedule A.
2. The Department agrees to make payments of Two Thousand Five Hundred (\$2,500) per month, not to exceed Thirty Thousand Dollars (\$30,000) per year. The Department agrees to make payment promptly following submission of a detailed invoice for the eligible individual's services.
3. The Agency will ensure that proof of maintaining the appropriate insurance as required by Warren County is supplied to the Department as follows:

INSURANCE REQUIREMENTS

The Contractor shall, at its own cost and expense, procure and maintain the following insurance by an A.M. Best rated "secured" New York State licensed insurer satisfactory to the County of Warren, to cover the personnel assigned under the terms of this agreement and in amounts, and pursuant to, the requirements set forth below:

- A. Commercial General Liability - \$1,000,000 per occurrence/\$2,000,000 aggregate;
- B. Automobile Liability - \$1,000,000 combined single limit for hired/owned, hired and borrowed and non-owned motor vehicles;
- C. Professional Liability insurance with limits not less than One Million Dollars (\$1,000,000);
- D. Workers' Compensation Insurance and Disability Benefit Insurance in accordance with the laws of the State of New York and any other employee's liability insurance required by law for an employer to carry on its employees;
- E. A thirty (30) day notice of cancellation; and

Certificate Holder shall read as follows:
Warren County
Attn: Warren County Attorney's Office
1340 State Route 9
Lake George, NY 12845

Certificates of insurance indicating that the foregoing insurance is in effect and naming Warren County, its Boards, Officers and employees as additional insured, except in the case of the automobile and professional liability insurance, workers' compensation and New York State disability insurance shall be filed with the Warren County Attorney's Office, stating that the County of Warren will be notified in writing by the insurer prior to cancellation or failure to renew.

The insurance shall be maintained in full force and effect during the lifetime of this Agreement. Any subcontractor performing services for the Contractor or benefit of the County shall be required by the Contractor to maintain the same insurance as the Contractor. Certificates showing that the Contractor and subcontractor are carrying the above-described insurance, in the specified amounts shall be furnished to Warren County upon request.

TERM AND TERMINATION

5. This agreement shall commence on January 1, 2019 and shall terminate on December 31, 2019, or upon sixty (60) days written notice from either party, either for convenience or for cause.

NON-ASSIGNMENT

6. The Agency agrees not to assign, transfer, sublet or otherwise dispose of this agreement or any party thereof, or of any of its right, title or interest therein, or its power to execute this agreement without the prior written consent of the Warren County Board of Supervisors.

INDEMNIFICATION

7. To the fullest extent permitted by law, Agency shall indemnify, hold harmless and defend Warren County, its boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Warren County, its boards, officers, employees and volunteers for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any person or persons, including Agency's employees, or on account of damages to property including loss of use thereof, arising directly or indirectly from the performance of Agency's work or from any of the acts or omissions on the part of the Agency, its employees, agents, representatives, materialmen, suppliers, and/or sub Agencies. If such indemnity is made void or otherwise impaired by any law controlling the construction thereof, such indemnity shall be deemed to conform to the indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law.

Agency shall strictly observe and comply with all safety laws, rules, and regulations (including but not limited to the Federal Occupational Safety and Health Act, the New York Labor Law, and all regulations promulgated pursuant to such laws) and to provide such protection as necessary to protect its workers and the workers of other Agencies. In the event that additional safety measures are required, Agency agrees that it will install or procure such additional safety measures at its sole expense. To the fullest extent permitted by law, Agency shall hold harmless, indemnify and defend Warren County, its boards, officers, employees and volunteers against all losses, claims, fines, or expenses, including but not limited to attorney's fees, resulting from the enforcement of these laws and for related acts of its officers, employees, subAgencys, suppliers, and material men.

The indemnity provided by requirements contained herein shall be in addition to and not in limitation upon any rights of common law indemnity.

GOVERNING LAW

8. This Agreement shall be governed by the Laws of the State of New York except where the Federal Supremacy Clause requires otherwise.

COMPLIANCE WITH LAWS

9. To the extent applicable to this agreement, the Provider shall abide by all applicable Federal and New York State Labor laws and regulations. Specifically, and to the extent applicable, the Provider shall comply with the requirements of Article 8 (Sections 220-223) of the New York State Labor Law, which specifies the payment of prevailing wage rates for certain laborers, workmen, mechanics, serving laborers, helpers, assistants and apprentices on public work projects, as more specifically set forth therein. If compliance with Article 8 of the Labor Law is required by statute, a copy of the prevailing wage rate schedule furnished by the New York State Department of Labor is attached hereto. Please note, however, that if a requirement shall exist to pay prevailing wage rates and the schedule is not annexed hereto, the requirement to pay the same exists regardless of whether prevailing Department wage schedules are attached hereto. If such schedules are not attached, the County will assist in securing copies of the same, upon request.

NON-APPROPRIATION

10. This agreement shall be deemed executory only to the extent of any and all monies made available to the County for this agreement and no liability on account thereof shall be incurred by the County beyond monies disbursed therefor.

WARREN COUNTY DEPARTMENT OF
SOCIAL SERVICES

By: Christ A Hanchett
CHRISTIAN HANCHETT,
COMMISSIONER

Date: 1/9/19

WARREN WASHINGTON COUNTIES
HOMELESS YOUTH COALITION (d/b/a
WAIT HOUSE)

By: Marquet Durr
Title: Executive Director

Date: 1/9/19

SCHEDULE A

Safe Harbour Seed Funded Program Allowable Use of Funds

Target Population:

Services for sexually exploited children created in each target county pursuant to the Safe Harbour Act are to be made available to *all* sexually exploited children, all youth no matter gender identity or sexual orientation, up to age 21, whether they are identified voluntarily; as a condition of an adjournment in contemplation of dismissal issued in criminal court (ACD); through the diversion services created under the family court act pursuant to an Article 10 proceeding of the family court act (CPS); a proceeding pursuant to Article 3 of the family court act (JD); or a referral from a local social services agency¹.

Fiscal Requirements:

- The **program** year is January 1 – December 31, 2019. All funds must be **expended** by January 31st 2020 and claimed by March 15th 2020. These deadlines are firm; **unspent seed funds will be lost** and may impact future funding.
 - o Seed funds are allocated to the Youth Bureau and claimed via Quality Youth Development System (QYDS)
- All seed funded Youth Bureaus are required to submit a budget and spending plan to OCFS. OCFS approval of this plan is **required** before claims will be approved.
- Allocations are issued as preliminary. OCFS retains the ability to evaluate program spending throughout the program year. Programs with underspent and under claimed funds are subject to redistribution to other programs based on demonstrated need.

Allowable Expenses:

Youth Bureaus receiving seed funds are charged with raising local awareness, offering training to service providers, and providing supportive services to trafficked, sexually exploited, and at-risk youth. Allowable expenses to support this effort include but are not limited to:

1. Develop and promote community awareness campaigns about the sexual exploitation of children, including information on identification and referral to services through community events or other methods of disseminating information;
2. Host trainings to raise the community's capacity to identify and provide supportive services to trafficked, sexually exploited, and at-risk youth;
3. Wrap around funds to meet the needs of trafficked and at-risk youth, including hygiene products, food, disposable cell phones, public transportation or taxi vouchers, clothing, etc.;
4. Travel to participate in appropriate commercial sexual exploitation of children (CSEC) and human trafficking trainings, conferences, and stakeholder meetings.

Non-permissible Expenses:

Expenses that *cannot* be purchased using Seed funds include but are not limited to:

¹ See SSL §447-b(2).

1. Administrative overhead costs, for example rent/property leasing, standard utility usage including electric and power costs, janitorial services, etc.;
2. Staff fringe benefits exceeding 30%;
3. Developing a local hotline for CSEC (contact OCFS to learn about existing hotlines to meet this need);
4. Public awareness materials and program brochures that have not received prior approval from OCFS;
5. Food and refreshments for meetings and trainings (some exceptions may apply; contact OCFS for more details)
6. Other expenses at the discretion of OCFS.

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: 01/25/19

- (a) Name of Appointee: **Christian Hanchett**
- (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
Social Services Commissioner
- (e) Address of Appointee: **Warren County Municipal Center, Lake George, NY**
- (f) Title of Appointment:
Youth Board Member/Director
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (i) Name of Person Being Replaced (if applicable):
M. Schmidt
- (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: 01/25/19

- (a) Name of Appointee: **Cindy Mulcahy**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA 08 - 2017**
- (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
Social Services Case B Supervisor, Family Preservation & Youth Devel Unit
- (e) Address of Appointee: **Warren County Municipal Center, Lake George, NY**
- (f) Title of Appointment:
Warren County Youth Board Member - Dept. Social Services
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (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: 01/25/19

- (a) Name of Appointee: **Lindsey Montanye**
- (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
Social Services Sr. Caseworker, Family Preservation & Youth Devel Unit
- (e) Address of Appointee: **Warren County Municipal Center, Lake George, NY**
- (f) Title of Appointment:
Warren County Youth Board Member-Sr. Caseworker, Preventive
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (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: 01/25/19

- (a) Name of Appointee: **Wendy Burkowski**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA 06 2015**
- (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 Bolton Board Member, Youth Recreation Programs, Bolton
- (e) Address of Appointee: **[REDACTED], Bolton Landing, NY 12814**
- (f) Title of Appointment:
Warren County Youth Board Member
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (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: 01/25/19

- (a) Name of Appointee: **Lori O'Shaughnessy**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA 05 2017**
- (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 Queensbury
- (e) Address of Appointee: **Queensbury, NY 12804**
- (f) Title of Appointment:
Warren County Youth Board Member-Queensbury
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (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: 01/25/19

- (a) Name of Appointee: **Chris Hunsinger**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA 08 2017**
- (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 Employment & Training Director
- (e) Address of Appointee: **Warren Co Municipal Center, Lake George, NY**
- (f) Title of Appointment:
Warren County Youth Board Member
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (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: 01/25/19

- (a) Name of Appointee: **Cathy O'Brien**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Town of Lake George
- (e) Address of Appointee: **[REDACTED], Lake George, NY 12845**
- (f) Title of Appointment:
Warren County Youth Board Member
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (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: 01/25/19

- (a) Name of Appointee: **Peter Olesheski**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Town of Johnsburg Board Member
- (e) Address of Appointee: **[REDACTED] Johnsburg NY 12843**
- (f) Title of Appointment:
Warren County Youth Board Member
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 15

Requesting Approval for Out-of-State Travel*

ATTACHMENT #6

**If the conference announcement or details are available in writing, please attach.*

DEPARTMENT NAME: Social Services

DATE: 1/5/19

- (a) Dates of Travel: **12/12-12/13/18**

- (b) Purpose (include complete name of any conference, school, etc.):
**2 caseworkers to pick up child(in the care/custody of Warren County DSS)
in Pennsylvania & transport back to Warren County.**
- (c) City/Town & State:
Pick up - Greensburg, PA
- (d) Employee(s) Traveling (include title(s):
Mary Pugh & Sarah Rowell - Caseworkers
- (e) Is County paying the costs or is another Agency?
DSS - Admin
- (f) Mode of Transportation to be Use: **County Vehicle**
(County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.

Warren County Board of Supervisors

WARREN COUNTY MUNICIPAL CENTER
1340 STATE ROUTE 9
LAKE GEORGE, NEW YORK 12845-9803



Telephone 518-761-6535
Fax 518-761-7652

Ronald F. Conover, Chairman

Amanda Allen, Clerk of the Board

SCHEDULE "D"

TRAVEL CREDIT CARD AUTHORIZATION

Date: 12/11/18 Appropriation Code: A.6010.444 Amount \$ 250.00

This is to confirm Mary Pugh/Sarah Rowell is authorized to use my credit card for airline tickets, hotel charges and conference fees (as listed below) for County purposes. All purchases are tax exempt.

AIRLINE TICKETS:

Date of Purchase: _____ Name of Airline: _____

HOTEL CHARGES:

Name and address of hotel: Holiday Inn Express

Arrival Date: 12/12/18 Departure Date: 12/13/18

- | | |
|--|---|
| <input type="checkbox"/> Room and room tax charges (tax exempt must have form) | <input type="checkbox"/> Local phone calls |
| <input type="checkbox"/> Long distance phone calls | <input type="checkbox"/> Restaurant charges |
| <input type="checkbox"/> Banquet and meeting room charges | <input type="checkbox"/> Laundry charges |

CONFERENCE FEES:

Date of Purchase: _____ Name of Organization (ie. NYSAC): _____

Name on credit card: Clerk of the Board (Amanda Allen)

Card Number: Ending in: _____ MasterCard / Visa / Other _____

Expiration Date: _____

Call me at (518) 761-7656 with any questions.

I understand that I am responsible for all charges noted above that are incurred on this account.

CARDHOLDER'S SIGNATURE _____

CARDHOLDER'S NAME (please print) Clerk of the Board (Amanda Allen)

Account Statement Report

Reporting Period: 11/28/2018 -- 12/27/2018

Tran ID Memo	Post Date	Tran Date	MCC	Description	Auth # General Ledger Codes	Customer Code	Split Tax	Total Tax	Amount
263400486	12/13/2018	12/12/2018	5814	PRIMANTI BROS GREENSBU GREENSBURG PA	180533		N	2.02	35.64
									DSS
263739452	12/14/2018	12/12/2018	5542	SUNOCO 0573575801 QPS ANGOLA NY	125355		N	2.66	33.12
									DSS
263739451	12/14/2018	12/13/2018	3501	HOLIDAY INN EXPRESS GREENSBURG PA	162930		N	0.00	146.52
									DSS
263739453	12/14/2018	12/13/2018	5542	PILOT 00007096 MILL HALL PA	081144	5003	N	5.56	27.80
									DSS
264465473	12/19/2018	12/18/2018	5733	PAYPAL *MUSICIANSFR 4029357733 CA	145749	88990480	N	0.00	49.99
									IT
264465471	12/19/2018	12/18/2018	5732	PAYPAL *MEERKITEINC 4029357733 CA	142253	88857768	N	0.00	178.80
									DSS

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2018

FUND(S): A

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

EXPENSES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
110 Salaries - Regular	\$6,387,306.00	\$5,800,611.93	\$5,646,646.99
120 Salaries - Overtime	\$75,222.00	\$106,808.83	\$95,765.37
130 Salaries - Part Time	\$187,670.00	\$216,571.73	\$245,592.12
100's PERSONAL SERVICES Total	\$6,650,198.00	\$6,123,992.49	\$5,988,004.48
200's EQUIPMENT	\$18,100.00	\$97,963.54	\$76,784.99
400's CONTRACTUAL	\$22,630,276.00	\$20,386,425.72	\$21,922,296.30
800's EMPLOYEE BENEFITS	\$3,657,050.00	\$3,390,048.90	\$3,408,362.43
TOTALS	\$32,955,624.00	\$29,998,430.65	\$31,395,448.20

\$2,957,193.35

REVENUES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
	\$15,860,999.00	\$14,227,903.00	\$16,465,960.44

\$1,633,096.00

ATTACHMENT #7

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

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	5,615,586.00	(45,000.00)	5,570,586.00	396,712.41	.00	5,088,006.39	482,579.61	91	4,970,550.42
120	Salaries - Overtime	49,222.00	25,000.00	74,222.00	5,342.07	.00	77,012.89	(2,790.89)	104	63,996.46
130	Salaries - Part Time	44,397.00	20,000.00	64,397.00	8,823.85	.00	67,290.70	(2,893.70)	104	70,605.99
<i>Personal Services Totals</i>		\$5,709,205.00	\$0.00	\$5,709,205.00	\$410,878.33	\$0.00	\$5,232,309.98	\$476,895.02	92%	\$5,105,152.87
<i>Equipment</i>										
210	Furniture/Furnishings	2,000.00	5,673.80	7,673.80	.00	.00	6,675.18	998.62	87	3,669.97
220	Office Equipment	3,000.00	41,175.00	44,175.00	477.79	1,502.00	36,269.04	6,403.96	86	15,633.50
220.1	Office Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	15,971.18
220 - Totals		\$3,000.00	\$41,175.00	\$44,175.00	\$477.79	\$1,502.00	\$36,269.04	\$6,403.96	86%	\$31,604.68
230	Automotive Equipment - Reserve	.00	16,341.00	16,341.00	.00	.00	16,341.00	.00	100	.00
230 - Totals		\$0.00	\$16,341.00	\$16,341.00	\$0.00	\$0.00	\$16,341.00	\$0.00	100%	\$0.00
<i>Equipment Totals</i>		\$5,000.00	\$63,189.80	\$68,189.80	\$477.79	\$1,502.00	\$59,285.22	\$7,402.58	89%	\$35,274.65
<i>Contractual Expense</i>										
410	Supplies	58,000.00	477.60	58,477.60	79.34	4,671.43	42,426.88	11,379.29	81	46,513.03
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	564,546.94	.06	100	564,546.94
418	Ins-General Liability	37,148.00	.00	37,148.00	.00	.00	29,492.81	7,655.19	79	35,876.24
423	Telephone	20,852.00	.00	20,852.00	571.43	.00	17,294.11	3,557.89	83	19,286.51
424	Postage	31,000.00	.00	31,000.00	200.00	.00	26,220.53	4,779.47	85	27,675.68
426	Subscriptions	500.00	.00	500.00	.00	.00	471.46	28.54	94	499.36
427	Memberships & Dues	5,000.00	.00	5,000.00	.00	.00	4,679.00	321.00	94	4,918.00
428	Data Processing & Internet Fees	9,000.00	(1,000.00)	8,000.00	233.00	1,083.00	3,625.00	3,292.00	59	9,555.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	2,229.00	92,771.00	2	95,000.00
435	Medical Fees	500.00	.00	500.00	34.47	.00	(429.41)	929.41	-86	(377.42)
436	Advertising Fees	500.00	.00	500.00	.00	.00	32.76	467.24	7	234.04
439	Misc Fees & Expenses	5,000.00	1,500.00	6,500.00	27.73	.00	5,972.36	527.64	92	3,978.18
440	Legal/Transcript Fees	15,000.00	.00	15,000.00	5,550.00	.00	9,943.19	5,056.81	66	15,159.56
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	460.34	.00	6,319.68	3,680.32	63	5,764.68
442	Automotive - Gas & Oil	8,000.00	.00	8,000.00	.00	.00	6,002.05	1,997.95	75	6,120.13
444	Travel/Education/Conference	17,000.00	.00	17,000.00	413.56	.00	7,235.82	9,764.18	43	10,806.33
469	Other Payments/Contributions	3,000.00	1,000.00	4,000.00	.00	.00	2,000.00	2,000.00	50	500.00
470	Contract	332,000.00	4,500.00	336,500.00	6,679.59	9,997.59	236,636.60	89,865.81	73	291,182.96
<i>Contractual Expense Totals</i>		\$1,212,047.00	\$6,477.60	\$1,218,524.60	\$61,295.04	\$15,752.02	\$964,698.78	\$238,073.80	80%	\$1,137,239.22
<i>Employee Benefits</i>										
810	Retirement	754,006.00	.00	754,006.00	52,672.39	.00	692,777.59	61,228.41	92	656,787.21
830	Social Security	353,966.00	.00	353,966.00	23,303.47	.00	301,471.76	52,494.24	85	295,975.28

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Employee Benefits</i>										
831	Medicare Contribution	82,778.00	.00	82,778.00	5,449.99	.00	70,505.37	12,272.63	85	69,219.98
860	Hospitalization	1,451,987.00	.00	1,451,987.00	113,542.38	.00	1,324,126.54	127,860.46	91	1,413,575.93
865	Dental Insurance	23,688.00	.00	23,688.00	1,785.62	.00	22,267.95	1,420.05	94	22,186.00
<i>Employee Benefits Totals</i>		\$2,666,425.00	\$0.00	\$2,666,425.00	\$196,753.85	\$0.00	\$2,411,149.21	\$255,275.79	90%	\$2,457,744.40
<i>Other Benefits</i>										
840	Workmen's Compensation	42,076.00	.00	42,076.00	.00	.00	42,075.04	.96	100	50,657.67
850	Unemployment Insurance	10,000.00	(1,000.00)	9,000.00	.00	.00	4,218.00	4,782.00	47	4,109.06
855	Disability	6,000.00	.00	6,000.00	.00	.00	2,219.73	3,780.27	37	3,255.41
861	Retirees Hospitalization	397,093.00	.00	397,093.00	35,141.72	.00	418,285.01	(21,192.01)	105	384,773.25
862	Health Insurance Cost Reimbursement	3,000.00	1,000.00	4,000.00	.00	.00	3,652.07	347.93	91	2,270.54
<i>Other Benefits Totals</i>		\$458,169.00	\$0.00	\$458,169.00	\$35,141.72	\$0.00	\$470,449.85	(\$12,280.85)	103%	\$445,065.93
EXPENSE TOTALS		\$10,050,846.00	\$69,667.40	\$10,120,513.40	\$704,546.73	\$17,254.02	\$9,137,893.04	\$965,366.34	90%	\$9,180,477.07
Department 6010 - Social Services Totals		(\$10,050,846.00)	(\$69,667.40)	(\$10,120,513.40)	(\$704,546.73)	(\$17,254.02)	(\$9,137,893.04)	(\$965,366.34)	90%	(\$9,180,477.07)
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	771,720.00	.00	771,720.00	52,630.09	.00	712,605.54 ✓	59,114.46	92	676,096.57
120	Salaries - Overtime	26,000.00	.00	26,000.00	960.51	.00	29,795.94 ✓	(3,795.94)	115	31,768.91
130	Salaries - Part Time	143,273.00	.00	143,273.00	12,637.96	.00	149,281.03 ✓	(6,008.03)	104	174,986.13
<i>Personal Services Totals</i>		\$940,993.00	\$0.00	\$940,993.00	\$66,228.56	\$0.00	\$891,682.51	\$49,310.49	95%	\$882,851.61
<i>Equipment</i>										
210	Furniture/Furnishings	3,000.00	(276.00)	2,724.00	.00	.00	671.82	2,052.18	25	341.49
220	Office Equipment	.00	49.00	49.00	.00	.00	48.82	.18	100	.00
230										
230.1	Automotive Equipment - Reserve	.00	32,000.00	32,000.00	31,989.00	.00	31,989.00	11.00	100	21,371.00
230 - Totals		\$0.00	\$32,000.00	\$32,000.00	\$31,989.00	\$0.00	\$31,989.00	\$11.00	100%	\$21,371.00
260	Other Equipment	10,000.00	(49.00)	9,951.00	.00	.00	5,592.88	4,358.12	56	19,785.89
270	Lawn & Landscaping	100.00	276.00	376.00	.00	.00	375.80	.20	100	11.96
<i>Equipment Totals</i>		\$13,100.00	\$32,000.00	\$45,100.00	\$31,989.00	\$0.00	\$38,678.32	\$6,421.68	86%	\$41,510.34
<i>Contractual Expense</i>										
410	Supplies	33,000.00	4,000.00	37,000.00	2,206.25	6,948.50	28,189.55	1,861.95	95	27,402.64
413	Repair & Maint.-Bldg/Property	30,000.00	.00	30,000.00	367.42	7,316.65	19,820.15	2,863.20	90	15,868.77
415	Electricity	30,000.00	(4,420.00)	25,580.00	1,780.82	.00	21,777.35	3,802.65	85	22,917.83
416	Oil & Gas-Heating	40,000.00	(5,520.00)	34,480.00	1,320.84	.00	22,265.28	12,214.72	65	19,163.13
418	Ins-General Liability	10,000.00	.00	10,000.00	50.00	.00	8,216.51	1,783.49	82	9,403.85
422	Repair/Maint-Equipment	1,000.00	9,408.00	10,408.00	.00	.00	9,421.58	986.42	91	200.00
423	Telephone	3,000.00	.00	3,000.00	187.71	.00	2,057.50	942.50	69	1,958.17

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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 6030 - Countryside Adult Home										
EXPENSE										
<i>Contractual Expense</i>										
424	Postage	700.00	.00	700.00	.00	.00	129.07	570.93	18	147.84
426	Subscriptions	300.00	381.26	681.26	.00	.00	681.26	.00	100	303.73
428	Data Processing & Internet Fees	1,250.00	729.00	1,979.00	167.37	.00	1,936.21	42.79	98	1,140.94
432	Special Project Supply	1,000.00	(528.63)	471.37	.00	.00	.00	471.37	0	.00
434	Allowances	19,000.00	(3,729.00)	15,271.00	1,150.00	.00	14,750.00	521.00	97	14,050.00
435	Medical Fees	3,000.00	.00	3,000.00	115.00	.00	1,320.00	1,680.00	44	1,801.00
436	Advertising Fees	1,000.00	(303.00)	697.00	.00	.00	.00	697.00	0	.00
437	Consulting Fees	18,000.00	160.00	18,160.00	1,373.36	1,213.39	15,946.96	999.65	94	16,046.26
439	Misc Fees & Expenses	1,000.00	.00	1,000.00	50.00	25.00	682.00	293.00	71	809.00
440	Legal/Transcript Fees	500.00	(75.00)	425.00	.00	.00	.00	425.00	0	220.00
441	Auto-Supplies & Repair	2,000.00	.00	2,000.00	.00	.00	1,270.61	729.39	64	2,860.67
442	Automotive - Gas & Oil	1,500.00	1,020.00	2,520.00	.00	.00	1,904.33	615.67	76	1,545.29
444	Travel/Education/Conference	1,000.00	2,864.00	3,864.00	.00	.00	3,845.34	18.66	100	.00
445	Foods	120,000.00	3,000.00	123,000.00	5,396.23	16,972.64	104,609.89	1,417.47	99	102,054.93
451	Medical Supply Expense	4,000.00	481.00	4,481.00	625.70	898.62	2,802.71	779.67	83	2,207.32
453	Uniforms & Clothing	.00	119.00	119.00	.00	.00	118.48	.52	100	113.48
470	Contract	80,500.00	(7,586.63)	72,913.37	.00	.00	33,469.68	39,443.69	46	41,926.68
<i>Contractual Expense Totals</i>		\$401,750.00	\$0.00	\$401,750.00	\$14,790.70	\$33,374.80	\$295,214.46	\$73,160.74	82%	\$282,141.53
<i>Employee Benefits</i>										
810	Retirement	111,750.00	.00	111,750.00	8,084.19	.00	107,729.27	4,020.73	96	97,140.11
830	Social Security	58,343.00	.00	58,343.00	3,798.29	.00	52,090.53	6,252.47	89	51,677.41
831	Medicare Contribution	13,643.00	.00	13,643.00	888.32	.00	12,182.47	1,460.53	89	12,085.82
860	Hospitalization	208,723.00	(500.00)	208,223.00	16,638.96	.00	201,205.87	7,017.13	97	217,450.13
865	Dental Insurance	3,480.00	500.00	3,980.00	280.72	.00	3,761.49	218.51	95	3,644.00
<i>Employee Benefits Totals</i>		\$395,939.00	\$0.00	\$395,939.00	\$29,690.48	\$0.00	\$376,969.63	\$18,969.37	95%	\$381,997.47
<i>Other Benefits</i>										
840	Workmen's Compensation	11,360.00	.00	11,360.00	.00	.00	11,359.94	.06	100	8,415.68
850	Unemployment Insurance	5,000.00	.00	5,000.00	.00	.00	2,060.72	2,939.28	41	.00
855	Disability	4,000.00	(320.00)	3,680.00	.00	.00	1,343.80	2,336.20	37	265.23
861	Retirees Hospitalization	102,327.00	.00	102,327.00	8,658.65	.00	102,475.11	(148.11)	100	100,803.12
862	Health Insurance Cost Reimbursement	.00	320.00	320.00	.00	.00	351.96	(31.96)	110	.00
<i>Other Benefits Totals</i>		\$122,687.00	\$0.00	\$122,687.00	\$8,658.65	\$0.00	\$117,591.53	\$5,095.47	96%	\$109,484.03
EXPENSE TOTALS		\$1,874,469.00	\$32,000.00	\$1,906,469.00	\$151,357.39	\$33,374.80	\$1,720,136.45	\$152,957.75	92%	\$1,697,984.98
Department 6030 - Countryside Adult Home Totals		(\$1,874,469.00)	(\$32,000.00)	(\$1,906,469.00)	(\$151,357.39)	(\$33,374.80)	(\$1,720,136.45)	(\$152,957.75)	92%	(\$1,697,984.98)

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Fund A - General										
Department 6050 - Public Facil. For Children										
EXPENSE										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	.00	30,000.00	30,000.00	.00	.00	19,589.69	10,410.31	65	1,196.00
470	Contract	30,000.00	(30,000.00)	.00	.00	.00	.00	.00	+++	.00
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$19,589.69	\$10,410.31	65%	\$1,196.00
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$19,589.69	\$10,410.31	65%	\$1,196.00
Department 6050 - Public Facil. For Children Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.00	\$0.00	(\$19,589.69)	(\$10,410.31)	65%	(\$1,196.00)
Department 6055 - Daycare										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	1,450,000.00	(200,000.00)	1,250,000.00	54,092.74	.00	796,210.62	453,789.38	64	1,098,603.95
<i>Contractual Expense Totals</i>		\$1,450,000.00	(\$200,000.00)	\$1,250,000.00	\$54,092.74	\$0.00	\$796,210.62	\$453,789.38	64%	\$1,098,603.95
EXPENSE TOTALS		\$1,450,000.00	(\$200,000.00)	\$1,250,000.00	\$54,092.74	\$0.00	\$796,210.62	\$453,789.38	64%	\$1,098,603.95
Department 6055 - Daycare Totals		(\$1,450,000.00)	\$200,000.00	(\$1,250,000.00)	(\$54,092.74)	\$0.00	(\$796,210.62)	(\$453,789.38)	64%	(\$1,098,603.95)
Department 6070 - Services for Recipients										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	315,000.00	.00	315,000.00	24,183.91	.00	302,116.12	12,883.88	96	288,621.41
<i>Contractual Expense Totals</i>		\$315,000.00	\$0.00	\$315,000.00	\$24,183.91	\$0.00	\$302,116.12	\$12,883.88	96%	\$288,621.41
EXPENSE TOTALS		\$315,000.00	\$0.00	\$315,000.00	\$24,183.91	\$0.00	\$302,116.12	\$12,883.88	96%	\$288,621.41
Department 6070 - Services for Recipients Totals		(\$315,000.00)	\$0.00	(\$315,000.00)	(\$24,183.91)	\$0.00	(\$302,116.12)	(\$12,883.88)	96%	(\$288,621.41)
Department 6100 - Medicaid										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	11,997,908.00	.00	11,997,908.00	906,160.00	.00	11,823,331.00	174,577.00	99	11,937,146.00
<i>Contractual Expense Totals</i>		\$11,997,908.00	\$0.00	\$11,997,908.00	\$906,160.00	\$0.00	\$11,823,331.00	\$174,577.00	99%	\$11,937,146.00
EXPENSE TOTALS		\$11,997,908.00	\$0.00	\$11,997,908.00	\$906,160.00	\$0.00	\$11,823,331.00	\$174,577.00	99%	\$11,937,146.00
Department 6100 - Medicaid Totals		(\$11,997,908.00)	\$0.00	(\$11,997,908.00)	(\$906,160.00)	\$0.00	(\$11,823,331.00)	(\$174,577.00)	99%	(\$11,937,146.00)
Department 6101 - Medical Assistance										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	432.78
<i>Contractual Expense Totals</i>		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$432.78
EXPENSE TOTALS		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$432.78
Department 6101 - Medical Assistance Totals		(\$5,000.00)	\$0.00	(\$5,000.00)	\$0.00	\$0.00	\$0.00	(\$5,000.00)	0%	(\$432.78)
Department 6109 - Aid To Dependent Children										
EXPENSE										
<i>Contractual Expense</i>										

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Fund A - General										
Department 6109 - Aid To Dependent Children										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	2,150,000.00	.00	2,150,000.00	140,796.70	.00	1,599,776.45	550,223.55	74	1,795,360.18
<i>Contractual Expense Totals</i>		\$2,150,000.00	\$0.00	\$2,150,000.00	\$140,796.70	\$0.00	\$1,599,776.45	\$550,223.55	74%	\$1,795,360.18
EXPENSE TOTALS		\$2,150,000.00	\$0.00	\$2,150,000.00	\$140,796.70	\$0.00	\$1,599,776.45	\$550,223.55	74%	\$1,795,360.18
Department 6109 - Aid To Dependent Children Totals		(\$2,150,000.00)	\$0.00	(\$2,150,000.00)	(\$140,796.70)	\$0.00	(\$1,599,776.45)	(\$550,223.55)	74%	(\$1,795,360.18)
Department 6119 - Child Care										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	3,850,000.00	.00	3,850,000.00	327,857.66	.00	3,231,934.33	618,065.67	84	3,792,706.85
<i>Contractual Expense Totals</i>		\$3,850,000.00	\$0.00	\$3,850,000.00	\$327,857.66	\$0.00	\$3,231,934.33	\$618,065.67	84%	\$3,792,706.85
EXPENSE TOTALS		\$3,850,000.00	\$0.00	\$3,850,000.00	\$327,857.66	\$0.00	\$3,231,934.33	\$618,065.67	84%	\$3,792,706.85
Department 6119 - Child Care Totals		(\$3,850,000.00)	\$0.00	(\$3,850,000.00)	(\$327,857.66)	\$0.00	(\$3,231,934.33)	(\$618,065.67)	84%	(\$3,792,706.85)
Department 6123 - Juvenile Delinquent Care										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	.00
<i>Contractual Expense Totals</i>		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$0.00
EXPENSE TOTALS		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$0.00
Department 6123 - Juvenile Delinquent Care Totals		(\$5,000.00)	\$0.00	(\$5,000.00)	\$0.00	\$0.00	\$0.00	(\$5,000.00)	0%	\$0.00
Department 6129 - State Training School										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	.00	.00	.00	.00	.00	.00	.00	+++	250,000.00
<i>Contractual Expense Totals</i>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$250,000.00
EXPENSE TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$250,000.00
Department 6129 - State Training School Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$250,000.00)
Department 6140 - Home Relief										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	1,000,000.00	200,000.00	1,200,000.00	89,837.61	.00	1,194,408.45	5,591.55	100	1,147,787.82
<i>Contractual Expense Totals</i>		\$1,000,000.00	\$200,000.00	\$1,200,000.00	\$89,837.61	\$0.00	\$1,194,408.45	\$5,591.55	100%	\$1,147,787.82
EXPENSE TOTALS		\$1,000,000.00	\$200,000.00	\$1,200,000.00	\$89,837.61	\$0.00	\$1,194,408.45	\$5,591.55	100%	\$1,147,787.82
Department 6140 - Home Relief Totals		(\$1,000,000.00)	(\$200,000.00)	(\$1,200,000.00)	(\$89,837.61)	\$0.00	(\$1,194,408.45)	(\$5,591.55)	100%	(\$1,147,787.82)

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Fund A - General										
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	30,000.00	.00	30,000.00	105.00	.00	(1,711.75)	31,711.75	-6	21,413.04
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$105.00	\$0.00	(\$1,711.75)	\$31,711.75	-6%	\$21,413.04
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$105.00	\$0.00	(\$1,711.75)	\$31,711.75	-6%	\$21,413.04
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	(\$105.00)	\$0.00	\$1,711.75	(\$31,711.75)	-6%	(\$21,413.04)
Department 6142 - Emergency Aid For Adults										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	50,000.00	.00	50,000.00	(8.25)	.00	26,875.75	23,124.25	54	38,005.66
<i>Contractual Expense Totals</i>		\$50,000.00	\$0.00	\$50,000.00	(\$8.25)	\$0.00	\$26,875.75	\$23,124.25	54%	\$38,005.66
EXPENSE TOTALS		\$50,000.00	\$0.00	\$50,000.00	(\$8.25)	\$0.00	\$26,875.75	\$23,124.25	54%	\$38,005.66
Department 6142 - Emergency Aid For Adults Totals		(\$50,000.00)	\$0.00	(\$50,000.00)	\$8.25	\$0.00	(\$26,875.75)	(\$23,124.25)	54%	(\$38,005.66)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	25,000.00	.00	25,000.00	.00	.00	25,000.00	.00	100	25,000.00
<i>Contractual Expense Totals</i>		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
EXPENSE TOTALS		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
Department 7310 - Youth Program 4-H Camp Totals		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	(\$25,000.00)	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
<i>Equipment</i>										
210	Furniture/Furnishings	.00	.00	.00	.00	.00	.00	.00	+++	146.00
220	Office Equipment	.00	.00	.00	.00	.00	.00	.00	+++	239.98
<i>Equipment Totals</i>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$385.98
<i>Contractual Expense</i>										
410	Supplies	76.00	.00	76.00	.00	.00	42.02	33.98	55	68.80
423	Telephone	50.00	.00	50.00	.00	.00	.00	50.00	0	.00
424	Postage	250.00	.00	250.00	.00	.00	.52	249.48	0	6.16
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	2,144.00	3,356.00	39	2,070.00
<i>Contractual Expense Totals</i>		\$5,976.00	\$0.00	\$5,976.00	\$0.00	\$0.00	\$2,186.54	\$3,789.46	37%	\$2,144.96
<i>Other Benefits</i>										
861	Retirees Hospitalization	13,830.00	.00	13,830.00	1,210.74	.00	13,888.68	(58.68)	100	14,070.60
<i>Other Benefits Totals</i>		\$13,830.00	\$0.00	\$13,830.00	\$1,210.74	\$0.00	\$13,888.68	(\$58.68)	100%	\$14,070.60
EXPENSE TOTALS		\$19,806.00	\$0.00	\$19,806.00	\$1,210.74	\$0.00	\$16,075.22	\$3,730.78	81%	\$16,601.54
Department 7311 - Youth Bureau Totals		(\$19,806.00)	\$0.00	(\$19,806.00)	(\$1,210.74)	\$0.00	(\$16,075.22)	(\$3,730.78)	81%	(\$16,601.54)

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

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 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Equipment</i>										
220	Office Equipment	.00	1,000.00	1,000.00	.00	721.00	.00	279.00	72	.00
<i>Equipment Totals</i>		\$0.00	\$1,000.00	\$1,000.00	\$0.00	\$721.00	\$0.00	\$279.00	72%	\$0.00
<i>Contractual Expense</i>										
410	Supplies	200.00	4,050.00	4,250.00	.00	.00	3,914.75	335.25	92	328.94
424	Postage	40.00	100.00	140.00	.00	.00	62.79	77.21	45	1.98
427	Memberships & Dues	275.00	.00	275.00	.00	.00	175.00	100.00	64	175.00
439	Misc Fees & Expenses	.00	583.00	583.00	500.00	.00	582.75	.25	100	.00
444	Travel/Education/Conference	.00	9,700.00	9,700.00	.00	.00	7,869.36	1,830.64	81	.00
470	Contract	34,785.00	14,567.00	49,352.00	181.00	8,560.00	39,200.00	1,592.00	97	34,785.00
<i>Contractual Expense Totals</i>		\$35,300.00	\$29,000.00	\$64,300.00	\$681.00	\$8,560.00	\$51,804.65	\$3,935.35	94%	\$35,290.92
EXPENSE TOTALS		\$35,300.00	\$30,000.00	\$65,300.00	\$681.00	\$9,281.00	\$51,804.65	\$4,214.35	94%	\$35,290.92
Department 7312 - Special Delinquency Prev. Totals		(\$35,300.00)	(\$30,000.00)	(\$65,300.00)	(\$681.00)	(\$9,281.00)	(\$51,804.65)	(\$4,214.35)	94%	(\$35,290.92)
Department 7313 - Youth Court										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	67,295.00	.00	67,295.00	.00	12,304.37	54,990.63	.00	100	68,820.00
<i>Contractual Expense Totals</i>		\$67,295.00	\$0.00	\$67,295.00	\$0.00	\$12,304.37	\$54,990.63	\$0.00	100%	\$68,820.00
EXPENSE TOTALS		\$67,295.00	\$0.00	\$67,295.00	\$0.00	\$12,304.37	\$54,990.63	\$0.00	100%	\$68,820.00
Department 7313 - Youth Court Totals		(\$67,295.00)	\$0.00	(\$67,295.00)	\$0.00	(\$12,304.37)	(\$54,990.63)	\$0.00	100%	(\$68,820.00)
Fund A - General Totals		\$32,955,624.00	\$131,667.40	\$33,087,291.40	\$2,400,821.23	\$72,214.19	\$29,998,430.65	\$3,016,646.56		\$31,395,448.20
Grand Totals		\$32,955,624.00	\$131,667.40	\$33,087,291.40	\$2,400,821.23	\$72,214.19	\$29,998,430.65	\$3,016,646.56		\$31,395,448.20

Revenue 2018

04/30/2018	1	\$0.00	\$6,715.04
05/02/2018	1	\$0.00	\$1,616.82
05/09/2018	1	\$0.00	\$980.00
05/10/2018	1	\$0.00	\$23.00
05/16/2018	3	\$0.00	\$2,445.40
05/25/2018	1	\$0.00	\$3,016.66
06/04/2018	1	\$0.00	\$6,630.41
06/13/2018	3	\$0.00	\$8,127.42
06/14/2018	1	\$0.00	\$8,823.50
07/09/2018	1	\$0.00	\$3,828.53
07/23/2018	1	\$0.00	\$1,666.93
07/30/2018	1	\$0.00	\$7,825.00
07/31/2018	1	\$0.00	\$6,058.14
08/13/2018	1	\$0.00	\$1,188.88
08/23/2018	1	\$0.00	\$9,332.00
08/24/2018	1	\$0.00	\$750.00
09/05/2018	1	\$0.00	\$103.37
09/13/2018	1	\$0.00	\$11,289.67
09/14/2018	3	\$0.00	\$151.00
09/26/2018	2	\$0.00	\$3,349.88
09/28/2018	1	\$0.00	\$3,119.31
10/03/2018	2	\$0.00	\$3,250.00
10/10/2018	3	\$0.00	\$261.00
10/11/2018	2	\$0.00	\$6,501.21
10/22/2018	7	\$0.00	\$161.00
10/24/2018	1	\$0.00	\$2,086.22
11/01/2018	1	\$0.00	\$999.32
11/06/2018	1	\$0.00	\$2,250.00
11/13/2018	1	\$0.00	\$69.00
11/15/2018	1	\$0.00	\$928.54
12/04/2018	1	\$0.00	\$4,846.75
12/07/2018	1	\$0.00	\$128.00
12/14/2018	1	\$0.00	\$1,817.96
12/20/2018	2	\$0.00	\$6,000.00
12/31/2018	2	\$0.00	\$5,654.89

Account Total: Repay of Home Relief

63 \$0.00 \$149,560.34

Department Total: Home Relief

\$0.00 \$149,560.34

Fund Total: General

\$0.00 \$1,793,737.39

Grand Total:

LOCAL = 239 \$0.00 \$1,793,737.39
 State/Fed = 12,434,165.61
 TOTAL \$ 14,227,903

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

From Date: 01/01/2018 - To Date: 12/31/2018

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						
	02/14/2018			2	\$0.00	\$1,083.50
	03/02/2018			2	\$0.00	\$2,500.00
	03/16/2018			2	\$0.00	\$847.06
	04/02/2018			1	\$0.00	\$1,310.00
	04/16/2018			2	\$0.00	\$1,346.66
	05/02/2018			1	\$0.00	\$1,250.00
	05/25/2018			2	\$0.00	\$486.84
	06/13/2018			2	\$0.00	\$695.41
	07/09/2018			1	\$0.00	\$10,000.00
	07/23/2018			2	\$0.00	\$463.48
	07/31/2018			1	\$0.00	\$15.00
	08/13/2018			2	\$0.00	\$435.72
	09/26/2018			2	\$0.00	\$509.01
	10/24/2018			1	\$0.00	\$358.20
	10/31/2018			1	\$0.00	\$4,200.00
	11/15/2018			1	\$0.00	\$8,325.03
	12/14/2018			1	\$0.00	\$7,983.52
Account Total: Administration				26	\$0.00	\$41,809.43
Account: 1811 - Medical Incentive Earning						
	02/14/2018			2	\$0.00	\$4,251.12
	03/06/2018			1	\$0.00	\$176.35
	03/16/2018			1	\$0.00	\$4,091.00
	04/06/2018			1	\$0.00	\$384.36
	04/16/2018			1	\$0.00	\$4,091.00
	05/08/2018			1	\$0.00	\$182.83
	05/25/2018			1	\$0.00	\$4,091.00
	06/06/2018			1	\$0.00	\$221.71
	06/13/2018			1	\$0.00	\$4,091.00
	07/11/2018			1	\$0.00	\$138.68
	07/23/2018			1	\$0.00	\$4,091.00
	08/07/2018			1	\$0.00	\$190.45
	08/13/2018			1	\$0.00	\$2,268.14
	09/11/2018			1	\$0.00	\$149.41
	09/26/2018			1	\$0.00	\$4,091.00
	09/28/2018			1	\$0.00	\$50.00

10/05/2018	1	\$0.00	\$96.30
10/24/2018	1	\$0.00	\$4,091.00
11/01/2018	1	\$0.00	\$50.00
11/08/2018	1	\$0.00	\$273.84
11/15/2018	1	\$0.00	\$4,056.00
12/04/2018	1	\$0.00	\$50.00
12/12/2018	1	\$0.00	\$206.25
12/14/2018	1	\$0.00	\$4,056.00
12/31/2018	1	\$0.00	\$50.00
Account Total: Medical Incentive Earning	26	\$0.00	\$45,488.44
Department Total: Social Services		\$0.00	\$87,297.87
Department: 6030 - Countryside Adult Home			
Account: 1830 - Repay - Adult Care, Pub Inst			
01/30/2018	1	\$0.00	\$13,007.90
02/28/2018	1	\$0.00	\$13,007.90
03/02/2018	2	\$0.00	\$79,163.56
04/02/2018	2	\$0.00	\$65,216.85
04/30/2018	1	\$0.00	\$13,007.90
05/02/2018	1	\$0.00	\$40,279.78
06/04/2018	2	\$0.00	\$56,053.01
07/03/2018	1	\$0.00	\$11,073.90
07/09/2018	1	\$0.00	\$43,815.31
07/31/2018	2	\$0.00	\$61,811.78
09/05/2018	2	\$0.00	\$48,714.88
09/28/2018	2	\$0.00	\$59,822.62
11/01/2018	2	\$0.00	\$58,760.04
12/04/2018	2	\$0.00	\$42,869.93
12/31/2018	2	\$0.00	\$63,073.46
Account Total: Repay - Adult Care, Pub Inst	24	\$0.00	\$669,678.82
Department Total: Countryside Adult Home		\$0.00	\$669,678.82
Department: 6055 - Daycare			
Account: 1855 - Repayments of Day Care			
03/02/2018	2	\$0.00	\$270.00
04/02/2018	1	\$0.00	\$2,126.63
05/02/2018	1	\$0.00	\$1,756.75
06/04/2018	1	\$0.00	\$120.00
07/09/2018	1	\$0.00	\$6,077.82
09/28/2018	1	\$0.00	\$123.30
11/01/2018	1	\$0.00	\$2,129.80
12/31/2018	1	\$0.00	\$90.00
Account Total: Repayments of Day Care	9	\$0.00	\$12,694.30
Department Total: Daycare		\$0.00	\$12,694.30
Department: 6101 - Medical Assistance			

Account: 1801 - Repay of Medical Assist

02/14/2018	1	\$0.00	\$5,041.50
03/02/2018	2	\$0.00	\$31,045.33
03/16/2018	1	\$0.00	\$3,846.09
04/02/2018	1	\$0.00	\$2,878.90
04/16/2018	1	\$0.00	\$8,167.69
05/02/2018	1	\$0.00	\$10,760.26
05/25/2018	1	\$0.00	\$9,104.61
06/04/2018	1	\$0.00	\$30,617.35
06/13/2018	1	\$0.00	\$6,273.18
07/09/2018	1	\$0.00	\$12,583.85
07/23/2018	1	\$0.00	\$4,275.63
07/31/2018	1	\$0.00	\$11,485.18
08/13/2018	1	\$0.00	\$4,560.38
09/05/2018	1	\$0.00	\$12,282.03
09/26/2018	1	\$0.00	\$5,902.57
09/28/2018	1	\$0.00	\$19,499.02
10/24/2018	1	\$0.00	\$4,581.50
11/01/2018	1	\$0.00	\$819.95
11/15/2018	1	\$0.00	\$4,057.73
12/04/2018	1	\$0.00	\$33,020.00
12/14/2018	1	\$0.00	\$5,140.22
12/31/2018	1	\$0.00	\$23,980.11

Account Total: Repay of Medical Assist

23	\$0.00	\$249,923.08
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Department Total: Medical Assistance

\$0.00	\$249,923.08
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Department: 6109 - Aid To Dependent Children

Account: 1809 - Repay of Aid to A.D.C.

02/14/2018	2	\$0.00	\$16,363.67
03/02/2018	2	\$0.00	\$1,489.02
03/16/2018	3	\$0.00	\$17,675.18
04/02/2018	1	\$0.00	\$2,263.80
04/16/2018	2	\$0.00	\$41,975.44
05/02/2018	1	\$0.00	\$54.62
05/25/2018	2	\$0.00	\$26,831.89
06/04/2018	1	\$0.00	\$269.65
06/13/2018	2	\$0.00	\$20,704.29
07/09/2018	1	\$0.00	\$131.02
07/23/2018	3	\$0.00	\$17,541.37
08/13/2018	2	\$0.00	\$36,235.14
09/05/2018	1	\$0.00	\$461.87
09/26/2018	2	\$0.00	\$8,844.39
09/28/2018	1	\$0.00	\$16.02
10/24/2018	2	\$0.00	\$14,667.08
11/01/2018	1	\$0.00	\$4,003.89
11/15/2018	2	\$0.00	\$9,975.25

12/04/2018	1	\$0.00	\$525.82
12/14/2018	3	\$0.00	\$16,918.02
12/31/2018	1	\$0.00	\$17.00
Account Total: Repay of Aid to A.D.C.	36	\$0.00	\$236,964.43
Department Total: Aid To Dependent Children		\$0.00	\$236,964.43
Department: 6119 - Child Care			
Account: 1819 - Repay of Child Care			
01/30/2018	1	\$0.00	\$2,466.00
02/14/2018	1	\$0.00	\$1,979.60
02/28/2018	1	\$0.00	\$2,466.00
03/16/2018	1	\$0.00	\$2,694.42
04/02/2018	1	\$0.00	\$2,466.00
04/16/2018	1	\$0.00	\$5,876.32
04/30/2018	1	\$0.00	\$2,466.00
05/02/2018	1	\$0.00	\$44,281.61
05/25/2018	1	\$0.00	\$3,528.65
06/04/2018	2	\$0.00	\$48,010.13
06/13/2018	1	\$0.00	\$3,076.92
07/03/2018	1	\$0.00	\$2,466.00
07/09/2018	1	\$0.00	\$82,426.50
07/23/2018	1	\$0.00	\$3,456.49
07/31/2018	2	\$0.00	\$82,398.67
08/13/2018	1	\$0.00	\$2,925.91
09/05/2018	2	\$0.00	\$40,605.92
09/26/2018	1	\$0.00	\$2,016.52
09/28/2018	2	\$0.00	\$10,445.15
10/24/2018	1	\$0.00	\$2,300.72
11/01/2018	2	\$0.00	\$25,540.73
11/15/2018	1	\$0.00	\$1,083.01
12/04/2018	2	\$0.00	\$2,910.00
12/14/2018	1	\$0.00	\$1,307.28
12/31/2018	2	\$0.00	\$8,424.00
Account Total: Repay of Child Care	32	\$0.00	\$387,618.55
Department Total: Child Care		\$0.00	\$387,618.55
Department: 6140 - Home Relief			
Account: 1840 - Repay of Home Relief			
01/16/2018	1	\$0.00	\$1,728.00
02/14/2018	1	\$0.00	\$2,121.00
03/02/2018	2	\$0.00	\$13,033.20
03/05/2018	1	\$0.00	\$1,701.60
03/16/2018	1	\$0.00	\$1,717.43
04/02/2018	1	\$0.00	\$3,329.24
04/16/2018	1	\$0.00	\$3,195.02
04/23/2018	1	\$0.00	\$740.00

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

From Date: 01/01/2018 - To Date: 12/31/2018

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						
	01/04/2018			3	\$0.00	\$911,310.00
	01/22/2018			1	\$0.00	\$213,287.00
	01/26/2018			1	\$0.00	\$228,649.00
	01/31/2018			2	\$0.00	\$564,747.00
	02/12/2018			1	\$0.00	\$28,940.00
	02/28/2018			8	\$0.00	\$684,302.33
	03/06/2018			1	\$0.00	\$221,820.00
	03/13/2018			1	\$0.00	\$13,607.00
	03/29/2018			1	\$0.00	\$455,862.00
	03/31/2018			4	\$0.00	\$237,001.00
	04/16/2018			1	\$0.00	\$99,334.00
	04/30/2018			2	\$0.00	\$609,018.00
	05/10/2018			1	\$0.00	\$19,289.00
	05/22/2018			1	\$0.00	\$28,341.00
	05/29/2018			1	\$0.00	\$59,891.00
	05/31/2018			2	\$0.00	\$651,632.00
	06/30/2018			2	\$0.00	\$700,355.00
	07/13/2018			5	\$0.00	\$393,016.00
	07/16/2018			1	\$0.00	\$25,230.00
	08/09/2018			4	\$0.00	\$968,490.00
	08/20/2018			3	\$0.00	\$86,793.00
	09/12/2018			4	\$0.00	\$791,686.03
	09/14/2018			3	\$0.00	\$378,006.25
	09/26/2018			2	\$0.00	\$147,749.00
	09/28/2018			2	\$0.00	\$415,447.00
	10/03/2018			2	\$0.00	\$798,346.00
	10/30/2018			1	\$0.00	\$332,629.00
	10/31/2018			2	\$0.00	\$1,055,279.00
	11/13/2018			1	\$0.00	\$200,300.00
	11/30/2018			3	\$0.00	\$681,254.00
	12/12/2018			1	\$0.00	\$57,548.00
	12/14/2018			1	\$0.00	\$104,687.00
	12/24/2018			1	\$0.00	\$269,720.00
	12/27/2018			1	\$0.00	\$600.00
Account Total: State&Federal,Social Services				70	\$0.00	\$12,434,165.61
Fund Total: General					\$0.00	\$12,434,165.61

Social Services - Overtime Report - Comparison 2017/2018

Week End	2017 OT	2018 OT	Reason	CPS After Hrs/ OnCall	Foster Care	Preventive	Medicaid	APS	TA/ Employ	FS/ HEAP	Training	CPS	CSU	Admin/ Resour
01/07/18	31.61	75.54	CPS-HV,Coverage,transport,backlog/FC- Trial Prep	42.34	5.00						3.60	24.60		
01/21/18	121.50	92.08	CPS-NR,Safety Assessment,backlog/FC-jail trip/TA-backlog	41.58	1.00				16.00			33.50		
02/04/18	65.88	114.79	CPS-backlog,HV,Notes/FC-HV,Calls/TA & FS - Backlog/Staff short	37.83	0.75				15.00	24.00		37.21		
02/18/18	94.50	111.36	CPS-NR,backlog,notes/FC-out of State	42.85	3.86					24.00	18.32	22.33		
03/04/18	70.56	102.35	CPS-NR,backlog,notes/FS-backlog/Support-Court	46.20						42.00	2.70	10.65	0.80	
03/18/18	87.14	96.66	CPS-HV,SA,backlog,notes/FC-court,parent training/FS-backlog	28.94	7.80					24.00		35.92		
04/01/18	69.51	121.11	CP-HV,SA,backlog, notes/FC-HV,parent class/FS-backlog	43.75	6.40					23.00	6.80	41.16		
04/15/18	51.66	91.15	CPS-HV,backlog/FS-Backlog	37.00	0.25					24.00	10.40	19.50		
04/29/18	52.78	77.42	CPS-HV,backlog/FS-prison visit/TA-homeless emerg/FS-backlog	32.25	6.50				1.00	22.15	6.20	9.32		
05/13/18	102.96	168.82	CPS-NR,HV,Notes/FC-parent picncd/FS & Med-Backlog/Prev-Transp	73.08	16.50	0.37	5.00			19.00	26.25	28.62		
05/27/18	86.08	106.99	CPS-NR,HV,Notes/FC-Court,Transport/Prev-Emerg. Placement	60.89	5.20	2.15					21.90	16.85		
06/10/18	63.24	87.11	CPS-Backlog,HV/FC-HV, Court	47.61	4.05						10.85	24.60		
06/24/18	110.56	39.41	CPS-NR,HV,Notes/FC-Mtg, HV/APS-HV	24.53	0.83			1.00			5.90	7.15		
07/08/18	70.38	48.87	CPS-NR,HV,Notes/FC-Mtg,HV,Transport/Admin-Contracts	33.92	3.70						3.00	6.95		1.30
07/22/18	48.40	72.86	CPS-NR,SA,Notes/FC-HV/Prevent-child placement	43.89	1.50	0.70					16.30	10.47		
08/05/18	61.93	54.70	CPS-NR,SA,Notes/Admin-Committee prep	33.40							11.25	9.35		0.70
08/19/18	39.18	58.14	CPS-NR,SA,HV,Notes/FC-Parent training,HV/APS- emerg referral	38.29	10.70			0.65			2.00	6.50		
09/02/18	73.92	82.11	CPS-NR,SA,Notes/FC-Consult,Court/CW CORE training	30.26	1.37						43.43	5.05		2.00
09/16/18	115.08	85.85	CPS-NR,SA,Notes/FC-HV,Court/TA-Emerg/Admin-staff dev.regist.	40.67	3.50				2.00		30.80	8.27		0.61
09/30/18	65.34	76.41	CPS-NR,HV,SA,Notes/FC-HV,Court,Audit/Training-Snap & Medicaid	34.66	10.40					4.50	13.83	12.52		0.50
10/14/18	62.15	94.91	CPS-NR,SA,Notes/FC-Transport,Mtg/CW Training	52.36	0.90						26.80	14.85		
10/28/18	85.35	104.08	CPS-SA,Notes,Backlog/FC-Court/Admin-Contracts	45.83	5.89						15.65	33.21		3.50
11/11/18	55.20	104.09	CPS-NR,SA,Backlog,Court,Fair Hearing/FC-Consult,transport	60.24	6.25						25.70	11.90		
11/25/18	45.45	70.11	CPS-HV,SA,backlog,notes/FC-adoption/Admin-backlog,staff out	24.99	10.30						11.00	19.32		4.50
12/09/18	102.42	48.52	CPS-Backlog/FC-client interview/Admin-staff out	29.14	7.41	0.42				0.30	6.70			4.55
12/23/18	57.73	106.44	CPS-NR,SA,Notes/FC-transport/TA,Admin-staff out/Heap-backlog	38.54	20.60				9.00	12.00	6.00	17.30		3.00
Total YTD	1890.51	2291.88		1,065.04	140.66	3.64	5.00	1.65	43.00	218.95	325.38	467.10	0.80	20.66