ANNUAL COUNTY TRAINING PLAN

ANNUAL COUNTY TRAINING PLAN DUE DATE: August 1, 2016

Please refer to the memo of instructions regarding completion of the training plan. Send only the completed certification form to the CDSS Fiscal Systems and Accounting Branch.

California Department of Social Services

Fiscal Systems Bureau 744 P Street, MS 9-05-03 Sacramento, CA 95814 Attn: Racquel Flanagan

Please complete and submit the Part III survey online. The survey includes a link to a separate Plan of Correction that must be completed, signed, and returned by counties that have not complied with the child welfare training requirements to:

California Department of Social Services
Training and Support Unit
744 P Street, MS 8-11-86
Sacramento, CA 95814

Please keep a copy of your completed GEN 1031 on file at your office.

PART I

INSTRUCTIONS FOR PART I

DEMOGRAPHIC INFORMATION

INTENT Part I provides basic demographic information about your department and its training

function. This information is part of your permanent county file.

RESPONSIBILITY The county welfare department is responsible for immediately informing the California

Department of Social Services Fiscal Systems and Accounting Branch of any changes

to this basic information.

FORMAT Please provide the requested information using the attached format.

Only those items which require clarification beyond what is provided in the form are

detailed below.

ITEMS

The following definition of training is taken from Manual of Policies and Procedures (MPP) Division 14. Training is any structured activity which meets all of

DEFINITION OF the following conditions:

TRAINING

 Is the result of a consciously assessed learning need (by the line, management or training personnel).

- Is designed to improve an individual's or organization's performance.
- Is characterized by a set of overt learning objectives.
- Is characterized by processes designed to foster adult learning.
- Is controlled, coordinated, or monitored and actively supported by the training personnel.

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	INUAL COUNTY TRAINING PLAN RT I – DEMOGRAPHIC INFORMA			CURRENT FISCAL YEAR	COUNTY	
١.	STAFF DEVELOPMENT OFFICER					
١.	NAME		2. TITLE			
3.	MAILING ADDRESS	CITY		ZIP	4. TELEPHONE	5. FAX NUMBER
S.	INTERNET ELECTRONIC MAIL ADDRESS:	_	GRAMS OR AREAS OF	_	PINSIBILITY (CHECK APPLICABLE BOX) HER (SPECIFY)	8. PERCENT OF TIME SPENT ON TRAINING
3.	OTHER STAFF DEVELOPMENT OFFICE	R – Use only for spl	it training funct	ion		
١.	NAME		2. TITLE			
3.	ADDRESS	CITY		ZIP	4. TELEPHONE	5. FAX NUMBER
6.	INTERNET ELECTRONIC MAIL ADDRESS:		GRAMS OR AREAS OF		UNSIBILITY (CHECK APPLICABLE BOX) HER (SPECIFY)	8. PERCENT OF TIME SPENT ON TRAINING
).	SIAFE DEVELOPMENT OFFICER.	training function are	•		been divided between mo	ore than two officers,
D.	STAFF DEVELOPMENT BUDGET: If de	an alternate format finitions for those li	is more suital ne items which	ole, check he are not comr	ere \square and attach your benonly used.	udget. Please include
ITEM			NEXT F			
			BUDGETED AM	IOUNTS 1/	% INCREASE	% DECREASE
1.	Salaries and fringe benefits of staff assign	ed full time				
2.	Consultant fees					
3.	Outservice training					
4.	Tuition reimbursement					
5.	Other training contracts					
6.	Training equipment					
7.	Training facilities					
8.	Training supplies					
9.	Travel and per diem for staff development	function				
10.	Other (specify)					

COMMENTS ON SIGNIFICANT CHANGES (OPTIONAL)

11. TOTAL STAFF DEVELOPMENT BUDGET

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^{1/} This budget is not intended to reflect the funding for staff development. You may include items in this column that are not eligible for reimbursement as staff development expenses.

F	ORGANIZATIONAL	

1. Number of Staff Within the Organization. Enter the number of employees in each category. Include all levels on line a.

	ELIGIBILITY	SOCIAL SERVICES	EMPLOYMENT SERVICES
a. All Staff			

F. TRAINING POLICY

MPP 14–120 regulations require that each county welfare department has a training policy in writing and that the policy be available to all staff. Please attach a copy of your policy.

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ANNUAL COUNTY TRAINING PLAN INSTRUCTIONS FOR PART II AND PART III

PART II PROGRAM STATEMENT

INTENT This section allows you to describe your plans and accomplishments.

The format sets out those areas that **must be addressed**. Additional information is welcome to the extent that you feel it will give us a clearer understanding of your county's approach to training.

The **PROGRAM STATEMENT** for this year contains two sections described below:

A. ACCOMPLISHMENTS Describe the major accomplishments of the training function during current F.Y.

B. GOALS AND OBJECTIVES

Describe your goals and objectives for the county training function for next F.Y. Include any new programs or services you plan on implementing, and describe any plans that involve major changes on the horizon.

PART III CHILD WELFARE SERVICES TRAINING PROJECTIONS

INTENT The purpose of this section is to comply with 45 CFR, Part 1356.60 and with the

MPP 14-300 and 14-600.

Child Welfare Services Training Projections shall be completed by online survey. Please connect to the link below to complete and submit the survey. The survey includes a link to a separate Plan of Correction that must be completed, signed, and submitted by counties that have not complied with the child welfare training requirements to:

California Department of Social Services
Training and Support Unit
744 P Street, MS 8-11-86
Sacramento, CA 95814

Child Welfare Services Training Projections shall be completed by online survey. Please connect to the link below to complete and submit the survey.

https://berkeleyssw.co1.gualtrics.com/SE/?SID=SV_7QyigzZsCtL70QR

ANNUAL COUNTY TRAINING PLAN

INSTRUCTIONS FOR PART IV

PART IV TRAINING RECAP FOR THE CURRENT FISCAL YEAR

INTENT The purpose of this section is to help the California Department of Social Services

answer questions from the Legislature, the Legislative Analyst's Office, the Federal

Government and the Department of Finance.

FORMAT Please use the attached format to provide the required information. Only those items

which require clarification or definition beyond what is provided in the form are detailed

below

ITEMS

TYPE OF TRAINING

The definitions for type of training are identical to those used in Part I.

A. INSERVICE TRAINING

1. Number of Participants.

Count each person attending each workshop. It is not uncommon to count a person more than once since they may attend several workshops during the year.

B. OUTSERVICE TRAINING

Self explanatory

C. UNIVERSITY/ COLLEGE TRAINING Self explanatory

D. FOSTER PARENT TRAINING If records were kept on foster parent training, please complete this section. The Department of Health and Human Services does not require this information, however they have requested that it be collected. If you do not have records, you may leave this section blank or provide an estimate. If the information is an estimate, please indicate

that on the form.

ANNUAL COUNTY TRAINING PLAN PART IV – TRAINING RECAP

CURRENT FISCAL YEAR

COUNTY

A.	INSERVICE TRAINING Training developed, coordinated and conducted by the county welfare	TYPE OF TRAINING						
agency welfare the welf NOT ind	department or by a contracting instructor or training agency to meet the sole and specific needs of the welfare department. Generally only employees of the welfare department attend these sessions. DO NOT include courses offered as part of University training contracts.	ELIGIBILITY	SOCIAL SERVICES	EMPLOYMENT SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING	TOTAL
1.	Number of Participants							
2.	Number of Classroom-Workshop Hours 1/							
3.	Number of Participant Hours							
B.	OUTSERVICE TRAINING Training developed, coordinated or conducted outside the county welfare department to which the county welfare department sends staff. Courses are not specifically designed for the county welfare department and participants in the training come from many sources. DO NOT include courses offered as part of University training contracts.							
1.	Number of Participants							
2.	Number of Courses							
C.	UNIVERSITY/COLLEGE TRAINING Training developed, coordinated and conducted for your social services staff by universities or colleges.							
1.	Number of Participants							

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^{1/} Number of Classroom-Workshop Hours refers to the length of the workshop (in hours). For example, if 10 participants (Item 1) attend a 4 hour workshop (Item 2), the number of participant hours will be 40.

D.	D. FOSTER PARENT TRAINING Training conducted for the purpose of orienting foster parents and developing or improving the skills of foster parents.	TYPE OF TRAINING					
		ORIENTATION	BASIC PARENTING SKILLS	OTHER	TOTAL		
1.	INSERVICE TRAINING Training developed, coordinated and conducted by the county welfare department or by a contracting consultant. Do not include college or university courses.						
	a. Number of Participants						
	b. Number of Participant Hours						
	c. Number of Classroom-Workshop Hours $\underline{1}^{\prime}$						
	d. Number of Trainer Hours in Actual Classroom/Workshop						
2.	COLLEGE OR UNIVERSITY TRAINING Training conducted by colleges or universities.						
	a. Number of Participants						
	b. Number of Participant Hours						

Number of Classroom-Workshop Hours refers to the length of the workshop (in hours). For example, if 10 participants (Item 1a) attend a 4 hour workshop (Item 1c), the number of participant hours (Item 1b) will be 40.

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CERTIFICATION OF REGULATION MANDATED TRAINING

The following regulations describe mandated training. Your signature will provide certification that the county provided all mandated training in accordance with these regulations in the current Fiscal Year.

14-500 REQUIRED TRAINING PROGRAMS

14-510 Continuing Training

- County welfare departments shall make provision for training activities designed to meet employee needs including but not limited to the following:
 - .11 Preparing for newly assigned job duties.
 - .12 Expanding knowledge and understanding of their jobs' subject field
 - .13 Providing knowledge and understanding of new and changing ideas
 - .14 Remaining current on program changes, new programs, and other subject areas related to their duties and responsibilities.

14-520 Recipient Fraud and Nondiscrimination

County welfare departments shall provide training to all appropriate staff in the implementation of the recipient fraud and nondiscrimination regulations in MPP 20-000 and 21-000. (See following page for Divisions 20 and 21 citation.)

14-530 Eligibility and Grant Determination

- .1 Eligibility and grant determination training shall be provided to each employee, and may be provided to volunteers (see Section 14-640), assigned to these functions within 90 calendar days from the date of employment or significant change in job duties, except that food stamp employees and volunteers shall be trained as specified in Section 63-202.4. (See following page for Section 63 citation.)
- .2 The training shall be in accordance with Department of Social Services standards and guidelines and shall include information on the following:
 - .21 Employee's position and function in the department.
 - .22 Interviewing
 - .23 Referral to services
 - .24 Caseload management
 - .25 Documentation techniques
 - .26 Client rights
 - .27 Purpose and availability of early and periodic screening, diagnosis, and treatment services under the Child Health and Disability Prevention (CHDP) program.
 - .28 Purpose and availability of family planning services.

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20-005 County Responsibility: Fraud Prevention

- .2 Special County Responsibilities Each county shall:
 - .24 Provide periodic refresher and special training in the prevention and detection of fraud to all program staff, and first-line supervisors, utilizing curricula approved by the CDSS. It is recommended that new employees receive a minimum of eight hours of such training during the first four months of their employment. Minimum adequate refresher training is considered to be four hours annually.

21-117 Staff Development and Training: Nondiscrimination

- .1 Each public contact employee shall receive training in the requirements of Division 21. These requirements of Division 21 shall be incorporated into the content of the CWD's orientation and continuing training programs. This shall include familiarization with the discrimination compliant process. The CDSS will provide program guidelines and technical assistance upon request.
- .2 Each CWD shall develop and/or provide cultural awareness training programs for all public contact employees. Cultural awareness training shall pertain to specific cultural characteristics of cultural groups served by CWD to provide a better understanding of, and sensitivity to, the various cultural groups including individuals with disabilities to ensure equal delivery of services. Whenever possible, training shall involve community organizations familiar with a specific culture.
 - .21 In presenting materials relating to specific cultural characteristics, all efforts should be made to avoid stereotypes.
- .3 Appropriate agency staff shall be instructed in the investigation of discrimination complaints.

63-202 Food Stamp Program Administration and Personnel Requirements

- .4 Training
 - .41 Minimum Requirements
 - .411 The CWD shall institute and maintain a continuing training program for food stamp eligibility workers.
 - (a) Sufficient training shall be provided to the eligibility workers prior to their initial assumption of job duties and, subsequently, on an as-needed basis.
 - .412 The CWD shall provide sufficient staff time to ensure that the eligibility worker training requirement is met.
 - (a) Training shall include, but not limited to, the goals of and the methods for promptly and accurately verifying eligible households.
 - .42 Effective January 1, 1989, Welfare and Institutions Code Section 19804.25(b) states as follows: "Each county welfare department shall annually offer training on food stamp application procedures to homeless shelter operators."

raining in F.Y (inse	sert current fiscal year)	
TITLE	DATE	
	training in F.Y (inse	

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ANNUAL COUNTY ANNUAL TRAINING PLAN CERTIFICATION

In accordance with the California Department of Social Services Manual of Policies and Procedures, Division 14, Staff Development Training Section.

I certify that the Annual County Training Plan is completed and a copy for review or audit is available in our County Office as required by regulations.

County:		
Staff Developmen	nt Officer Name and Signature	Date
Ossets Welford Deposit	Discrete Name and Oissanton	 Date
County Wellare Depart	ment Director Name and Signature	Date
Please submit no later than August	1, 2016 to:	
	California Department of Social Services Fiscal Systems Bureau 744 P Street, MS 9-05-03 Sacramento, CA 95814 Attn: Racquel Flanagan	
NOTE: Please send only this certific	cation form - do not send your annual training plan.	
	on. CDSS is continuously updating our contact listing of the first ing the changes have been made in the past year.	or Staff Development Officers.
Your Title:		
Phone Number:		
E-mail Address:		
Mailing Address:		
Fax Number:		
Thank you for your cooperation.		

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