



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

May 01, 2015

ALL-COUNTY INFORMATION NOTICE NO. I-34-15

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY STAFF DEVELOPMENT
OFFICERS

REASON FOR THIS
TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: ANNUAL COUNTY TRAINING PLAN - FISCAL YEAR (FY) 2015-16

The reimbursement of your county's staff development expenditures is subject to the completion of an Annual County Training Plan. Please complete your Annual County Training Plan by **August 1, 2015** to comply with the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP), Division 14, Staff Development Regulations requirements for FY 2015-16.

The Annual Training Plan Form ([GEN 1031](#)) is available on the CDSS internet. Please contact the CDSS County Systems Section at (916) 657-3390 if you would like a paper copy mailed to you.

Complete the GEN 1031 form, print it and keep it on file at your office. After completing the GEN 1031, please sign the certification statement (page 10), and mail or fax only the certification no later than August 1, 2015 to:

CDSS
County Systems Section
744 P Street, MS 9-05-03
Sacramento, CA 95814
Attn: Racquel Flanagan
or
Fax (916) 654-1056

In the GEN 1031, the fiscal years are referred to as "Previous Fiscal Year," "Current Fiscal Year," and "Next Fiscal Year." For clarification, in this year's report, "Previous" is FY 2013-14, "Current" is FY 2014-15, and "Next" is FY 2015-16.

INSTRUCTIONS FOR ANNUAL COUNTY TRAINING PLAN

PART I: DEMOGRAPHIC INFORMATION

This section contains basic demographic information about your county as well as the staff development function. Please list in items A and B the person(s) responsible for the staff development function.

As a reminder, salaries and benefits of trainers, first-line supervisors of trainers, training coordinators, and administrative and clerical support staff may be charged to the staff development cost pool only if the staff people are assigned to the Staff Development Officer and the charges cover training activities. For those counties that do not have budgeted Staff Development Officers, your County Welfare Director may be considered the full-time Staff Development Officer. The county staff must perform or support the staff development activities identified in the Annual County Training Plan.

For staff assigned to perform staff development training on a part-time basis, the appropriate portion of salaries and benefits may be charged to the staff development cost pool if the staff people are included in the Annual County Training Plan.

For more information, please refer to the [Staff Development and Training Regulations](#), MPP Division 14, (Chapter 14-400) and the Staff Development Program Code Descriptions.

PART II: PROGRAM STATEMENT

This section contains your accomplishments, goals and objectives. Please include any additional information that would provide a better sense of staff development in your county.

PART III: CHILD WELFARE SERVICES TRAINING PROJECTIONS

This section asks you to estimate the amount of training you provided in Child Welfare Services during the current fiscal year and the training you need in the next fiscal year.

Please note: Part III will be administered as an online survey, including 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 and timeframes to:

744 P Street, MS 8-11-86
Sacramento, CA 95814
Attn: Training Support Unit
or
Fax: (916)651-6239

The survey address is shown on page 4 of the attached GEN 1031 document. Any questions concerning use of the survey or Part III should be directed to: CWSTrainingQuestions@dss.ca.gov .

PART IV: TRAINING RECAP

This section provides statistics on county training activities for the current fiscal year.

Section A: "INSERVICE TRAINING" requires information on training developed, coordinated, and conducted by the county welfare department or by a contracted instructor or training agency to meet the sole and specific needs of the welfare department. Please do not include university or college training arranged for your staff (report that in Section C). "Number of Classroom-Workshop Hours" refers to the length of the workshop.

For example, if ten participants (item A1) attend a four-hour workshop (item A2), the number of participant hours (item A3) is 40.

Section C: "UNIVERSITY/COLLEGE TRAINING" requires information on training arranged by contract with a university/college to provide training to your county's social services staff. This arrangement is similar to university training contracts focused on eligibility (Title IV-A university training contracts).

If you do not have statistics for Section D: "FOSTER PARENT TRAINING", you may either provide an estimate or leave the section blank. If you provide an estimate, please indicate "Estimate" on the form.

Please note that this last section contains your "Certification of Regulation Mandated Training." The regulatory sections referenced are available [here](#).

Please note: A signature is required to affirm certification.

For further information or any questions regarding this year's plan, please contact Racquel Flanagan of the County Systems Section at (916) 657-3390 or via e-mail at racquel.flanagan@dss.ca.gov.

Camera Ready Copies and Translations

For camera-ready copies in English, contact the CDSS Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms on the [CDSS webpage](#).

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained [here](#).

For questions on translated materials, please contact CDSS Language Services at (916) 651-8876. Until translations are available, clients who have elected to receive materials in languages other than English should be provided the English version of the form or notice along with the GEN 1365 (Notice of Language Services) and a local contact number.

Sincerely,

Original Document Signed By:

DIANNE OKAMOTO, Chief
Fiscal Systems and Accounting Branch

c: County Welfare Directors Association

ANNUAL COUNTY TRAINING PLAN

ANNUAL COUNTY TRAINING PLAN DUE DATE: August 1, 2015

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, and complete Part III survey and submit online. Please submit the completed survey, including a link to a separate Plan of Correction that must be completed and signed to:

744 P Street, MS 8-11-86
 Sacramento, CA 95814
 Attn: Training Support Unit
 or
 Fax: (916)651-6239

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

DEFINITION OF TRAINING

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 the following conditions:

- 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.

**ANNUAL COUNTY TRAINING PLAN
PART I – DEMOGRAPHIC INFORMATION**

CURRENT FISCAL YEAR	COUNTY
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A. STAFF DEVELOPMENT OFFICER

1. NAME		2. TITLE	
3. MAILING ADDRESS		CITY	ZIP
		4. TELEPHONE	5. FAX NUMBER
6. INTERNET ELECTRONIC MAIL ADDRESS:		7. PROGRAMS OR AREAS OF TRAINING RESPONSIBILITY (CHECK APPLICABLE BOX)	
		SERVICES ELIGIBILITY OTHER (SPECIFY) _____	
		8. PERCENT OF TIME SPENT ON TRAINING	

B. OTHER STAFF DEVELOPMENT OFFICER – Use only for split training function

1. NAME		2. TITLE	
3. ADDRESS		CITY	ZIP
		4. TELEPHONE	5. FAX NUMBER
6. INTERNET ELECTRONIC MAIL ADDRESS:		7. PROGRAMS OR AREAS OF TRAINING RESPONSIBILITY (CHECK APPLICABLE BOX)	
		SERVICES ELIGIBILITY OTHER (SPECIFY) _____	
		8. PERCENT OF TIME SPENT ON TRAINING	

C. STAFF DEVELOPMENT OFFICER: If training function and/or responsibilities have been divided between more than two officers, check here and attach additional sheets.

D. STAFF DEVELOPMENT BUDGET: If an alternate format is more suitable, check here and attach your budget. Please include definitions for those line items which are not commonly used.

ITEM	NEXT F.Y. BUDGETED AMOUNTS ^{1/}	SIGNIFICANT CHANGE FROM CURRENT F.Y.	
		% INCREASE	% DECREASE
1. Salaries and fringe benefits of staff assigned 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)			
11. TOTAL STAFF DEVELOPMENT BUDGET			

COMMENTS ON SIGNIFICANT CHANGES (OPTIONAL)

^{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.

E. ORGANIZATIONAL STRUCTURE

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.

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, including a link to a separate Plan of Correction that must be completed and signed to:

**744 P Street, MS 8-11-86
Sacramento, CA 95814
Attn: Training Support Unit
or
Fax: (916)651-6239**

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.qualtrics.com/SE/?SID=SV_5dlZCN1ekEhdCBf

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
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A. INSERVICE TRAINING Training developed, coordinated and conducted by the county welfare 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.	TYPE OF TRAINING						
	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							

^{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. 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 ^{1/}				
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				

^{1/} 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.

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

1. 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.

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."

I hereby certify that we have provided all of the above mentioned mandated training in F.Y. _____ (insert current fiscal year)

SIGNED	TITLE	DATE

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 Development Officer Name and Signature

Date

County Welfare Department Director Name and Signature

Date

Please submit no later than August 1, 2015 to:

CDSS Fiscal Systems and Accounting Branch
744 P Street, MS 9-5-03
Sacramento, CA 95814
or
Fax (916) 654-1056

NOTE: Please send only this certification form - do not send your annual training plan.

Please complete the following section. CDSS is continuously updating our contact listing for Staff Development Officers. Please complete fully even if no staff changes have been made in the past year.

Your Name: _____

Your Title: _____

Phone Number: _____

E-mail Address: _____

Mailing Address: _____

Fax Number: _____

Thank you for your cooperation.