

**NOTICE OF FORM CHANGE NO. 06-054**

DATE

04/28/2006

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE GEN 1031 (4/06) - Annual County Training Plan

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 4/06	REPLACES 4/05	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

## USE NEW FORM

When supply available in DSS Warehouse  Use new form effective 4/06

## USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify) ACIN I-35-06

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy. Print 8 1/2 x 11.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# ANNUAL COUNTY TRAINING PLAN

ANNUAL COUNTY TRAINING PLAN DUE DATE: August 1

Please refer to the memo of instructions regarding completion of the training plan (this was mailed to you). Send only the completed certification form to CDSS (page 16).

## INSTRUCTIONS FOR PART I

### 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 Staff Development Office of any changes to this basic information.

**FORMAT** Please provide the requested information using the attached format.

Only those items which require clarification beyond that provided in the form are detailed below.

### **ITEMS**

The following definition of training is taken from Division 14-000. Training is any structured activity which meets all of the following conditions:

- DEFINITION OF 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.

**STAFF DEVELOPMENT STAFFING (Section E)** Following are the definitions which should be used in identifying the level of a position. If a person carries out duties at more than 1 level, mark only the "highest" level.

#### MANAGER/SECOND LINE SUPERVISOR

Those individuals who have the primary responsibility for supervising and managing the staff development functions. These individuals may also have trainer or support duties.

#### FIRST LINE SUPERVISOR

Those individuals who immediately supervise trainers and/or support staff. They may also have trainer or support duties.

#### TRAINER

Those individuals who have primary responsibility for coordinating and/or carrying out training activities (planning, evaluating, conducting training programs; providing consultation services, etc.). Trainers may also have support functions.

**ITEMS  
(Continued)**

SUPPORT

Those individuals who have primary responsibility for providing administrative, clerical and other support to the training function.

Following are the definitions which should be used in identifying the program areas:

ELIGIBILITY TRAINING

The time devoted to all training and training related activities directly related to the eligibility programs, (i.e., CalWORKs, Food Stamps).

SOCIAL SERVICES TRAINING

The time devoted to all training and training related activities directly related to services programs.

EMPLOYMENT SERVICES TRAINING

The time devoted to all training and training related activities directly related to employment services programs (Welfare To Work, FSET, etc.).

SUPERVISORY AND MANAGEMENT TRAINING

The time devoted to training and training related activities designed to develop supervisory and management skills within the department regardless of the program areas of the participants.

GENERAL TRAINING

The time devoted to training and training related activities that are general rather than directed to a particular program (e.g., writing skills, cultural awareness, stress management, CPR, etc.)

OTHER TRAINING

The time devoted to training and training related activities that are not covered in the above four categories (e.g., some Organizational Development activities, Management Assessment Centers, special projects, etc.). If the time in this area exceeds 25% please attach an explanation.

**STAFF  
INTERMITTENTLY  
PROVIDING  
FORMAL TRAINING  
(Section E-3)**

In the course of a year, in some counties, a significant source of training is staff who are not formally assigned to the training function, but who intermittently provide formal training to appropriate groups in the department. For example, a program specialist who occasionally delivers a program related workshop, a clerical supervisor who offers a dictating workshop, a manager who provides a stress training workshop, a services worker who shares learnings from a Family Reunification workshop.

Estimate the number of persons you will use over the course of the year and the total number of person hours those individuals will spend in the preparation and delivery of these workshops.

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

CURRENT FISCAL YEAR	COUNTY
---------------------	--------

**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) <input type="checkbox"/> SERVICES <input type="checkbox"/> ELIGIBILITY <input type="checkbox"/> 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) <input type="checkbox"/> SERVICES <input type="checkbox"/> ELIGIBILITY <input type="checkbox"/> 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 <sup>1/</sup>	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)

<sup>1/</sup> 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. STAFF DEVELOPMENT STAFFING**

1. POSITION ASSIGNED FULL TIME TO THE TRAINING FUNCTION  
Use one line for each position, check level of staffing

POSITIONS AND LEVEL OF STAFFING	% OF TIME SPENT IN EACH AREA						TOTAL
	ELIGIBILITY	SOCIAL SERVICES	EMPLOYMENT SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING	
<input type="checkbox"/> Manager/2nd Line Supervisor <input checked="" type="checkbox"/> <b>1st Line Supervisor</b> <input type="checkbox"/> Trainer <input type="checkbox"/> Support	<b>40</b>	<b>15</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>15</b>	<b>= 100%</b>
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support							=100%

If more space is needed, check here  and attach additional sheets.

**STAFF DEVELOPMENT STAFFING (Continued)**

2. STAFF ASSIGNED PART TIME TO THE TRAINING FUNCTION

Use one line for each person assigned part time to the training function. Check the appropriate level of staffing for each person. Level of staffing refers to the person's roles-responsibilities as applied to the training function only.

INDIVIDUALS AND LEVEL OF STAFFING	% OF TIME SPENT IN TRAINING OR TRAINING RELATED ACTIVITIES	% OF TRAINING RELATED TIME SPENT IN EACH AREA						
		ELIGIBILITY	SOCIAL SERVICES	EMPLOYMENT SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING	TOTAL
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input checked="" type="checkbox"/> Trainer <input type="checkbox"/> Support	<b>50%</b>	<b>80%</b>				<b>10%</b>	<b>10%</b>	<b>=100%</b>
<b>EXAMPLE</b>								
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support								=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support								=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support								=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support								=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support								=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support								=100%
<input type="checkbox"/> Manager/2nd Line Supervisor <input type="checkbox"/> First Line Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support								=100%

If more space is needed, check here  and attach additional sheets.

3. STAFF INTERMITTENTLY PROVIDING FORMAL TRAINING

Estimated number of persons								
Estimated number of person hours (Include preparation and delivery time)								

---

---

**F. ORGANIZATIONAL STRUCTURE**

---

1. Attach an organization chart of the department indicating the placement of training. Indicate here the number of management levels between the staff development officer and the Director. Number of levels between SDO and Director: \_\_\_\_\_
2. Attach an organization chart of the training section/function.
3. Number of Staff Within the Organization. Enter the number of employees in each category. Include all levels on line a. Include only line workers on line b.

	ELIGIBILITY	SOCIAL SERVICES	EMPLOYMENT SERVICES
a. All Staff			
b. Line Workers Only			

---

---

**G. TRAINING POLICY**

---

Division 14–200 regulations require that each county welfare department have 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

### 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 four 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 you have to deal with major changes on the horizon.
- C. TRAINING CONTRACTS FOR INSTITUTIONS OF HIGHER EDUCATION List the institutions of higher education with which you will have a training contract for the next fiscal year. For each contract, list the contract objectives which you expect to be fulfilled.
- D. LONG TERM TRAINING PLANS Describe your long-term (3-5 year) plans for enhancing the effectiveness of the training function and training personnel.



# ANNUAL COUNTY TRAINING PLAN

## INSTRUCTIONS FOR PART III

### PART III CHILD WELFARE SERVICES TRAINING PROJECTIONS FOR NEXT F.Y.

#### **INTENT**

The purpose of this section is to comply with 45 CFR, Part 1356.60 (volume 47 Register 30922 effective August 16, 1982).

THE REGULATION MAY BE VIEWED AT:

[http://a257.g.akamaitech.net/7/257/2422/12feb20041500/edocket.access.gpo.gov/cfr\\_2004/octqtr/45cfr1356.60.htm](http://a257.g.akamaitech.net/7/257/2422/12feb20041500/edocket.access.gpo.gov/cfr_2004/octqtr/45cfr1356.60.htm)

**COUNTY ANNUAL TRAINING PLAN  
PART III – CHILD WELFARE SERVICES TRAINING PROJECTIONS FOR THE NEXT FISCAL YEAR  
(IVB AND IVE TRAINING PLAN)**

CURRENT F.Y.	COUNTY
--------------	--------

**CWD STAFF TRAINING ESTIMATES FOR CHILD WELFARE SERVICES – NEXT FISCAL YEAR**

A. INSERVICE TRAINING: That 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 the sessions.	TYPE OF TRAINING					
	EMERGENCY RESPONSE PROGRAM TRAINING	FAMILY MAINTENANCE PROGRAM TRAINING	FAMILY REUNIFICATION PROGRAM TRAINING	PERMANENT PLACEMENT PROGRAM TRAINING	AFDC FOSTER CARE MAINTENANCE PAYMENTS PROGRAM TRAINING	ADMINISTRATIVE AND SUPPORT TRAINING FOR CHILD WELFARE SERVICES
1. Number of Participants						
2. Number of Participant Hours						
3. Number of Classroom - Workshop Hours						
B. OUTSERVICE TRAINING: That 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 places.						
<u>SEMESTER/QUARTER COLLEGE/UNIVERSITY</u>						
1. a. Number of Participants						
b. Total Number of Participant Hours						
<u>OTHER OUTSERVICE TRAINING</u>						
2. a. Number of Participants						
b. Total Number of Participant Hours						

C. Explain the types of “Administrative and Support Training for Child Welfare Services”, their target audiences, and who will be providing the training. eg. In-service, Regional Training Academy, etc.  
(Use extra sheets, if necessary.)

- 
- 
- D. List the subject areas of the training workshops you plan to offer in the family reunification program and permanent placement program and AFDC Foster Care Maintenance Payments Programs during the next fiscal year. These should be based on the assessed needs of your staff. Please identify who will provide the training eg. In-service, Regional Training Academy, etc.  
*Use extra pages if necessary.*

# 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 State 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 information. Only those items which require clarification or definition beyond that 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 a year.
- D. FOSTER PARENT TRAINING** If you have kept records 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 estimated, please indicate that on the form.

**ANNUAL COUNTY TRAINING PLAN  
PART IV – TRAINING RECAP**

CURRENT FISCAL YEAR	COUNTY
---------------------	--------

A. <b>INSERVICE TRAINING</b> That 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. <b>DO NOT</b> include courses offered as a 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 <sup>1/</sup>							
3. Number of Participant Hours							
<b>B. OUTSERVICE TRAINING</b> That 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. <b>DO NOT</b> include courses offered as part of University contracts.							
1. Semester/quarter college/university							
a. Number of Participants							
b. Number of Courses							
2. Other outservice training							
a. Number of Participants							
b. Number of Participant hours							
<b>C. UNIVERSITY/COLLEGE TRAINING</b>  Training developed, coordinated and conducted for your social services staff by universities or colleges.							
1. Number of Participants							
2. Number of Participant Hours							

<sup>1/</sup> Number of Classrooms-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. <b>FOSTER PARENT TRAINING</b> 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. <b>INSERVICE TRAINING</b> 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 or Workshop Hours				
d. Number of Trainer Hours in Actual Classroom/Workshop				
2. <b>COLLEGE OR UNIVERSITY TRAINING</b> Training conducted by colleges or universities.				
a. Number of Participants				
b. Number of Participant Hours				

## CERTIFICATION OF REGULATION MANDATED TRAINING

The following regulations describe mandated training. Your signature will provide certification that the county provided all mandated training in accord 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 and 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 Divisions 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 SDSS. 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 XXI. These requirements of Division XXI shall be incorporated into the content of the agency's orientation and continuing training programs. This shall include familiarization with the discrimination complaint process. The Department of Social Services will provide program guidelines and technical assistance upon request.

.2 Each agency shall develop and conduct cultural awareness training programs for all public contact employees. Cultural awareness training shall pertain to specific cultural characteristics in order to ensure equal delivery of services, and when possible shall involve community groups and/or representatives in the cultural awareness training presentations.

.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.

---

---

.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 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Welfare Department Director

\_\_\_\_\_  
Date

Please submit no later than August 1 to:

CDSS Staff Development Office  
744 P Street, MS 15-73  
Sacramento, CA 95814-6413  
or  
Fax (916) 657-1727

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

-----

Please complete the following section. CDSS is 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.