



CDSS

JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



ARNOLD SCHWARZENEGGER  
GOVERNOR

May 20, 2010

ALL-COUNTY INFORMATION NOTICE NO. I-47-10

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) 2009-10

As you are aware, reimbursement of your county's staff development expenditures is subject to completion of an Annual County Training Plan. Please complete your Annual County Training Plan by **August 1, 2010**, to satisfy the Division 14 Staff Development Regulations requirements for FY 2009-10.

Last year, the GEN 1031 was extensively reduced and simplified. Please take a little extra time to review and understand the new format. The Plan is available on line on the [California Department of Social Services home page](#). Please contact our office at (916) 657-2016 if you would like a paper copy mailed to you.

Please complete the GEN 1031 form, print it, and file it in your office. After completing the GEN 1031, please sign the certification statement (page 12 of the GEN 1031) and mail or fax only the certification, no later than August 1, 2010 to:

**CDSS Staff Development Office**  
**744 P Street, MS 8-10-73**  
**Sacramento, CA 95814**  
**or**  
**Fax (916) 657-1727**

In the GEN-1031 (Annual County Training Plan Report) 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 2008–09, “Current” is FY 2009–10, and “Next” is FY 2010-11.

## **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 remember to list in items A and B the person(s) responsible for the staff development function. If any of this information about the Staff Development Officer(s) changes during the year, please let us know so we can keep our records updated.

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 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 are included in the Annual County Training Plan. For more information, please refer to the Staff Development Regulations, MPP Division 14, (Chapter 14-400) <http://www.dss.cahwnet.gov/getinfo/pdf/sdman.pdf>, and the Staff Development Program Code Descriptions.

## **PART II: PROGRAM STATEMENT**

This section contains your accomplishments, goals and objectives, a listing of your training contracts with institutions of higher education, your welfare automation training plans, and your long-term training plans.

This section is particularly important in helping us maintain an awareness of training plans, activities and needs at the county level. 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 FY 2009-10 and the training you need in FY 2010-11.

Please note: Part III has been modified to comply with MPP sections 14-300 and 14-600. After completion, Part III is to be mailed or faxed to:

**Sheryl Meyer**  
**Branch Secretary**  
**Child Protection and Family Support Branch**  
**744 P. Street, MS 8-11-83**  
**Sacramento, CA 95814**  
**or**  
**FAX (916) 651-6239**

Questions concerning Part III should be directed to: [CWSTrainingQuestions@dss.ca.gov](mailto:CWSTrainingQuestions@dss.ca.gov) .

## **PART IV: TRAINING RECAP**

This section provides statistics on county training activities for FY 2009-10.

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 1) attend a four-hour workshop (item 2), the number of participant hours (item 3) is 40.

Section C: "UNIVERSITY/COLLEGE TRAINING" requires information on training arranged by contract with a university/college to provide training to 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.

If your agency has already completed your Annual Training Plan using the old GEN-1031 form and submitted the certification: Your certification is valid for this year, however, the Part III has been modified in the new form and will need to be re-submitted to the Child Protection and Family Support Branch (see Part III, above).

If you have questions concerning this year's plan, please contact Dennis Main of the CDSS Training & Development Office at [Dennis.Main@dss.ca.gov](mailto:Dennis.Main@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

SHARON PLANCHON, Chief  
Human Resource Services Branch

Attachment

# ANNUAL COUNTY TRAINING PLAN

ANNUAL COUNTY TRAINING PLAN DUE DATE: August 1, 2010

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 the CDSS Staff Development Office, and Part III to Child Protection and Family Support Branch.

## 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**

##### DEFINITION OF TRAINING

The following definition of training is taken from Division 14-000. 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.



---

---

**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**

---

Division 14–120 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 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. ACCOMPLISH- MENTS

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.

### PART III CHILD WELFARE SERVICES TRAINING PROJECTIONS

#### INTENT

The purpose of this section is to comply with 45 CFR, Part 1356.60 (volume 47 Register 30922 effective August 16, 1982) and with the manual of Policies and Procedures 14-300 and 14-600.

**COUNTY ANNUAL TRAINING PLAN****PART III - CHILD WELFARE SERVICES TRAINING COMPLIANCE WITH MANUAL OF POLICY AND PROCEDURES  
14-310 AND 14-611**

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

**Training Regulations Compliance**

(Provisional data will be used during roll out years. The regulations were adopted at the beginning of SFY 08/09)

**Instructions:**

In the table below, insert the number of line workers who were required to complete the training associated with the relevant manual sections in SFY 08/09, the number who completed the requirement successfully, and the number who did not complete the requirement. The number that are required to complete should equal the number that completed plus the number that did not complete.

Requirement		No. of Employees
Phase I of line worker Common Core MPP 14-611.1 (12 months)	Required to complete <u>1</u> /	
	Completed <u>2</u> /	
	Out of compliance	
Phase II of line worker Common Core MPP 14-611.2 (24 months)	Required to complete <u>3</u> /	
	Completed <u>4</u> /	
	Out of compliance	
Supervisor Common Core MPP 14-611.2 (12 months)	Required to complete <u>5</u> /	
	Completed <u>6</u> /	
	Out of compliance	
Ongoing Training MPP 14-611.5 (24 months)	Required to complete <u>7</u> /	
	Completed <u>8</u> /	
	Out of compliance	

Please explain any of the above requirements that are out of compliance and the county's plan for correction:

- 1/ The number of employees who completed 12 months of service in the position of line worker during FY 09/10. This includes all those hired or promoted into the position during FY 08/09 who remained in the position and were not terminated or transferred to another position.
- 2/ The number of employees from the line above who completed the required courses in their first 12 months of service.
- 3/ The number of employees who completed 24 months of service in the position of line worker during FY 09/10. This includes all those hired in FY 07/08.
- 4/ The number of employees from the line above who completed the required courses in their first 24 months of service.
- 5/ The number of employees who completed 12 months of service in the position of supervisor during SFY 09/10. This includes all those hired or promoted into the position in FY 08/09 who remained in the position and were not terminated or transferred to another position.
- 6/ The number of employees from the line above who completed the required courses within their first 24 months of service.
- 7/ The number of employees who were required to complete the ongoing training requirement in FY 09/10.
- 8/ The number of employees from the line above who completed the required 40 hours of ongoing training.

**COUNTY ANNUAL TRAINING PLAN****PART III - CHILD WELFARE SERVICES TRAINING COMPLIANCE WITH MANUAL OF POLICY AND PROCEDURES  
14-310 AND 14-611****DESCRIPTION OF COUNTY TRAINING SYSTEM**

Please describe your county's training structure:

Do you have your own Training Bureau or staff development office? If yes, describe the type of child welfare training that your bureau or office provides?

What RTA do you use?

Does your county contract separately with your RTA to provide additional training or services? If yes, please describe the types of training or services that you contract separately with your RTA to provide:

What training topics would you like your RTA to provide for ongoing training?

**PROJECTIONS FOR STATE FISCAL YEAR 10/11**

Instructions: Please estimate the number of current staff and the number of staff that you expect to hire in SFY 10/11.

	<b>Personnel</b>	<b>Number</b>
Existing	Line Staff	
	Supervisor	
New	Line Staff	
	Supervisor	

**Please complete and submit Section III no later than August 1 to:**

**Resources Development and Training Support Bureau  
Branch Secretary  
744 P Street MS 08-11-83  
Sacramento, Ca 95814  
or  
Fax (916) 651-6239**

# 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 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.
- B. OUTSERVICE TRAINING** Self explanatory
- C. UNIVERSITY/ COLLEGE TRAINING** Self explanatory
- 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
------------------------	--------

<b>A. 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. Number of Participants							
2. Number of Courses							
<b>C. UNIVERSITY/COLLEGE TRAINING</b>  Training developed, coordinated and conducted for your social services staff by universities or colleges.							
1. Number of Participants							

<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				

1/ 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.

## **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 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 complaint 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.
- .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 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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please submit no later than August 1, 2010 to:

CDSS Staff Development Office  
744 P Street, MS 8-10-73  
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.