



Children, Families & Seniors Subcommittee

**Wednesday, October 7, 2015
1:00 PM – 3:00 PM
12 HOB**

Action Packet

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
10/7/2015 1:00:00PM

Location: 12 HOB

Summary: No Bills Considered

Committee meeting was reported out: Wednesday, October 07, 2015 3:36:36PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
10/7/2015 1:00:00PM

Location: 12 HOB

Attendance:

| | <i>Present</i> | <i>Absent</i> | <i>Excused</i> |
|-----------------------|----------------|---------------|----------------|
| Gayle Harrell (Chair) | X | | |
| Gwyndolen Clarke-Reed | X | | |
| Bill Hager | X | | |
| MaryLynn Magar | X | | |
| Amanda Murphy | X | | |
| Jeanette Nuñez | X | | |
| Kathleen Peters | X | | |
| Sharon Pritchett | X | | |
| Ray Rodrigues | X | | |
| Patrick Rooney, Jr. | X | | |
| Cyndi Stevenson | X | | |
| Victor Torres, Jr. | X | | |
| Carlos Trujillo | X | | |
| Totals: | 13 | 0 | 0 |

Committee meeting was reported out: Wednesday, October 07, 2015 3:36:36PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

10/7/2015 1:00:00PM

Location: 12 HOB

Presentation/Workshop/Other Business Appearances:

Child Welfare Update

Thomas, Janice (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Department of Children & Families
Asst. Secretary of Child Welfare
1317 Winewood Blvd
Tallahassee FL 32390
Phone: (850) 714-4320

Child Welfare Update & Annual Report

Babcock, Patty (State Employee) (At Request Of Chair) - Information Only
Florida Institute for Child Welfare
Interim Director
Florida State University College of Social Work University Center, Building C
Tallahassee FL 32561
Phone: (850) 525-9295

Child Welfare Update & Annual Report

Clark, James (State Employee) - Information Only
FSU College of Social Work
Dean
University Center, Building C
Tallahassee FL 32561
Phone: (850) 525-9295

Committee meeting was reported out: Wednesday, October 07, 2015 3:36:36PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 10/7/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Child Welfare Update

Committee/Subcommittee: House, Children, Families & Senior Subcommittee

Name: Janice Thomas

Title: Asst Secretary of Child Welfare

Address: 1317 Winewood Blvd

City: Tallahassee State/Zip: FL 32399

Phone Number: 714 4320

Representing: Department of Children & Families

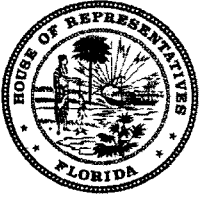
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

| Bill | | Amendment | |
|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| Proponent <input type="checkbox"/> | Opponent <input type="checkbox"/> | Proponent <input type="checkbox"/> | Opponent <input type="checkbox"/> |
| Info Only <input type="checkbox"/> | | Info Only <input type="checkbox"/> | |



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 10/7/2015

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: Child Welfare Update

Committee/Subcommittee: House, Children, Families & Seniors

Name: Patricia Zorback

Title: Interim Director

Address: FSU College of Social Work

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-535-9295

Representing: Florida Institute for Child Welfare

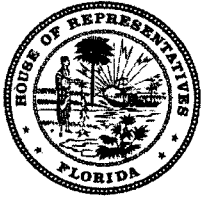
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

| Bill | | Amendment | |
|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| Proponent <input type="checkbox"/> | Opponent <input type="checkbox"/> | Proponent <input type="checkbox"/> | Opponent <input type="checkbox"/> |
| Info Only <input type="checkbox"/> | | Info Only <input type="checkbox"/> | |



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 10/17/15

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: Child Welfare Update

Committee/Subcommittee: House Children, Families & Seniors

Name: James Clark

Title: Dean

Address: FSU - College of Social Work

City: Tallahassee State/Zip: FL 32301

Phone Number: 525-9295

Representing: FSU - College of S.W.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

| Bill | | Amendment | |
|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| Proponent <input type="checkbox"/> | Opponent <input type="checkbox"/> | Proponent <input type="checkbox"/> | Opponent <input type="checkbox"/> |
| Info Only <input type="checkbox"/> | | Info Only <input type="checkbox"/> | |