Interview Rules

Before entering the interview area please note the following:

- ONLY THOSE APPLYING WILL BE ALLOWED TO ENTER THE INTERVIEW AREA
- TURN OFF ALL CELL PHONES
- TURN OFF ALL RECORDING DEVICES
- NO LUGGAGE/BAGS
- NO WEAPONS OR INSTRUMENTS THAT CAN BE USED AS A WEAPON.
- NO DISRUPTIVE BEHAVIOR
- NO PROFANE OR ABUSIVE LANGUAGE
- NO USE OF DRUGS OR ALCOHOL
- ANYONE SUSPECTED OF BEING UNDER THE INFLUENCE WILL NOT BE INTERVIEWED

****Failure to comply will result in termination of your interview!**

PUBLIC INFORMATION OFFICE
WORK ORDER FORM

PIO Use Only
Approved by _____ Date _____
Control # G- _____ P- _____
Work to be done ☐ In-house ☐ Outside Vendor ☐ CB

CONTACT INFORMATION

Project Name: Notices for Reception
Form # (if applicable):
Department: 3 BB Division: Social Services
Contact Person: R. Jachner Date: 4-6-18 Date Needed: 4-10-18
Phone: 431 6000 ext 232 FAX: _____ Email: Robert.Jachner@co.monmouth.nj.us

(Purchasing Information Only) Agency # _____ Line Item _____

Supervisor Name: Robert Jachner Signature: [signature] Date: 4/6/18
Administrative Dept. Head: Robert Jachner Signature: [signature] Date: 4/6/18

By signing and submitting this work order, you are responsible for ensuring the accuracy of the information supplied.
All work orders must be signed and dated by supervisor and department head or designee.

☐ GRAPHIC WORK REQUESTED (design and graphic work, document creation, etc.)

☐ Create ☐ Update Instructions: _____

TEXT (unformatted and saved as text only).
A sample or "dummy" showing layout should also be submitted)
☐ USB/CD/DISC ☐ Emailed ☐ Network Location _____
PHOTOS (minimum 300 dpi / .jpeg format)
☐ USB/CD/DISC ☐ Emailed ☐ Network Location _____
Will item be posted to the ☐ Internet ☐ Intranet?

Delivery Instructions
☐ Will Pick Up
☐ Deliver to:
(include name and street address)

☐ PRINT WORK REQUESTED (printing, bindery, etc.)

of original pages 1 # of copies requested 2

PRINT DETAILS
☐ One-sided
☐ Two-sided
☐ 8 ½ x 11 (letter)
☐ 8 ½ x 14 (legal)
☒ 11 x 17 (tabloid)
☐ NCR
☐ 2-part ☐ 3-part ☐ 4-part
☐ Business Cards
☐ Envelopes
☐ Other _____

TEXT DETAILS
☒ Black Ink
☐ Color - Inkjet
☐ Color - Laser
Paper Weight
☐ Standard #20
☐ Heavyweight #110
☒ Other CARD STOCK
Paper Color
☒ White
☐ Other _____

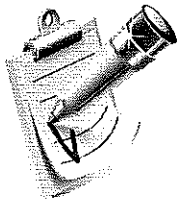
COVER DETAILS
☐ Black Ink
☐ Color - Inkjet
☐ Color - Laser
Paper Weight
☐ Standard #20
☐ Heavyweight #110
☐ Other _____
Paper Color
☐ White
☐ Other _____

FINISHING
☒ Loose
☐ Fold
☐ Stapled
☐ Single ☐ Double
☐ Tape Bound
☐ Saddle-Stitch Book- folded & stapled on spine
☐ Hole Punched _____
☐ Padded
☐ Padded & Cut to Size _____

Special Instructions:

The completed work order form, with approvals and attachments should be sent to the Monmouth County Department of Public Information and Tourism located on the first floor of the Hall of Records Annex in Freehold, NJ. The form may also be submitted by fax to 732-866-3696 or emailed to PIO.workorder@co.monmouth.nj.us.

WELCOME!



Please take the next available clipboard and a pen.

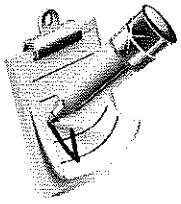
You will be called by your number to the Customer Service Desk.

Then you will be routed to the appropriate window.

Please return the clipboard and pen when you are finished.

THANK YOU!

BIENVENIDO!



Por favor tome la proxima portapapeles y un boligrafo.

Tome asiento y rellene el formulario de informacion del cliente completamente.

Usted sera llamado por su numero al mostrador de servicio al cliente.

Entonces usted sera dirigido a la ventana apropiada.

Por favor devuelva el portapapeles y boligrafo cuando haya terminado.

GRACIAS!

PUBLIC INFORMATION OFFICE
WORK ORDER FORM

PIO Use Only
Approved by _____ Date _____
Control # G- _____ P- _____
Work to be done ☐ In-house ☐ Outside Vendor ☐ CB

CONTACT INFORMATION

Project Name: Notices for Reception

Form # (if applicable):

Department: 3810 Division: Social Services

Contact Person: R. Jachner Date: 4-6-18 Date Needed: 4-10-18

Phone: 732-431-6000 x6252 FAX: _____ Email: Robert.Jachner@co.monmouth.nj.us

(Purchasing Information Only) Agency #: _____ Line Item: _____

Supervisor Name: Robert Jachner Signature: [signature] Date: 4/6/18

Administrative Dept. Head: Robert Jachner Signature: [signature] Date: 4/6/18

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TEXT (unformatted and saved as text only).
A sample or "dummy" showing layout should also be submitted)
☐ USB/CD/DISC ☐ Emailed ☐ Network Location _____
PHOTOS (minimum 300 dpi / .jpeg format)
☐ USB/CD/DISC ☐ Emailed ☐ Network Location _____
Will item be posted to the ☐ Internet ☐ Intranet?

Delivery Instructions
☐ Will Pick Up
☐ Deliver to:
(include name and street address)

☐ PRINT WORK REQUESTED (printing, bindery, etc.)

of original pages: 1 # of copies requested: 2

PRINT DETAILS
☐ One-sided
☐ Two-sided
☐ 8 ½ x 11 (letter)
☐ 8 ½ x 14 (legal)
☒ 11 x 17 (tabloid)
☐ NCR
☐ 2-part ☐ 3-part ☐ 4-part
☐ Business Cards
☐ Envelopes
☐ Other_____

TEXT DETAILS
☒ Black Ink
☐ Color - Inkjet
☐ Color - Laser
Paper Weight
☐ Standard #20
☐ Heavyweight #110
☒ Other CARD STOCK
Paper Color
☒ White
☐ Other_____

COVER DETAILS
☐ Black Ink
☐ Color - Inkjet
☐ Color - Laser
Paper Weight
☐ Standard #20
☐ Heavyweight #110
☐ Other_____
Paper Color
☐ White
☐ Other_____

FINISHING
☒ Loose
☐ Fold
☐ Stapled
☐ Single ☐ Double
☐ Tape Bound
☐ Saddle-Stitch Book- folded & stapled on spine
☐ Hole Punched _____
☐ Padded
☐ Padded & Cut to Size_____

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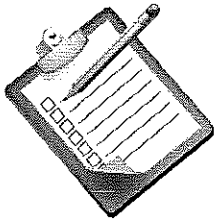
IMPORTANT NOTICE

PLEASE BE AWARE THE AGENCY DOES NOT ACCEPT INCOMPLETE VERIFICATIONS.

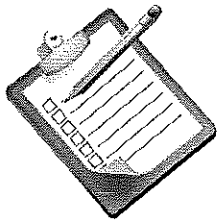


IF YOU HAVE QUESTIONS PLEASE COMPLETE THE CUSTOMER INFORMATION SHEET AND BE SEATED.

THANK YOU!

AVISO IMPORTANTE

POR FAVOR SEA CONSIENTE DE QUE LA AGENCIA NO ACEPTA VERIFICACIONES INCOMPLETAS.



SI TIENES PREGUNTAS FOR FAVOR RELLENE LA HOJA DE INFORMACION DEL CLIENTE Y TOME UN ASIENTO.

GRACIAS!

PUBLIC INFORMATION OFFICE
WORK ORDER FORM

PIO Use Only
Approved by _____ Date _____
Control # G-_____, P-_____
Work to be done ☐ In-house ☐ Outside Vendor ☐ CB

CONTACT INFORMATION

Project Name: Posters for reception - English Spanish
Form # (if applicable):
Department: Unit 115 Division: Social Services
Contact Person: Laura Date: 4-19-18 Date Needed: 4-23-18
Phone: X 60330 FAX: Email: laura.janusch@Comonmouthnj.us

(Purchasing Information Only) Agency #_____ Line Item _____

Supervisor Name: Donna Mays Signature: Donna Mays Date: 4-19-18
Administrative Dept. Head: Robert Tarchini Signature: Robert Tarchini Date: 4-19-18

By signing and submitting this work order, you are responsible for ensuring the accuracy of the information supplied.
All work orders must be signed and dated by supervisor and department head or designee.

☐ GRAPHIC WORK REQUESTED (design and graphic work, document creation, etc.)

☐ Create ☐ Update Instructions: _____

TEXT (unformatted and saved as text only).
A sample or "dummy" showing layout should also be submitted)
☐ USB/CD/DISC ☐ Emailed ☐ Network Location _____
PHOTOS (minimum 300 dpi / .jpeg format)
☐ USB/CD/DISC ☐ Emailed ☐ Network Location _____
Will item be posted to the ☐ Internet ☐ Intranet?

Delivery Instructions
☐ Will Pick Up
☑ Deliver to:
(Include name and street address)
3000 Kozlowski Rd
Freehold, NJ 07728

☐ PRINT WORK REQUESTED (printing, bindery, etc.)

of original pages 2 # of copies requested 12

PRINT DETAILS	TEXT DETAILS	COVER DETAILS	FINISHING
☑ One-sided	☐ Black Ink	☐ Black Ink	☑ Loose
☐ Two-sided	☐ Color - Inkjet	☐ Color - Inkjet	☐ Fold
☐ 8 ½ x 11 (letter)	☑ Color - Laser	☐ Color - Laser	☐ Stapled
☐ 8 ½ x 14 (legal)	**Paper Weight**	**Paper Weight**	☐ Single ☐ Double
☐ 11 x 17 (tabloid)	☐ Standard #20	☐ Standard #20	☐ Tape Bound
☐ NCR	☑ Heavyweight #110	☐ Heavyweight #110	☐ Saddle-Stitch Book- folded & stapled on spine
☐ 2-part ☐ 3-part ☐ 4-part	☐ Other_____	☐ Other_____	
☐ Business Cards	**Paper Color**	**Paper Color**	☐ Hole Punched _____
☐ Envelopes	☐ White	☐ White	☐ Padded
☐ Other_____	☐ Other_____	☐ Other_____	☐ Padded & Cut to Size_____

Special Instructions:
need 6 copies in English
and 6 copies in Spanish

The completed work order form, with approvals and attachments should be sent to the Monmouth County Department of Public Information and Tourism located on the first floor of the Hall of Records Annex in Freehold, NJ. The form may also be submitted by fax to 732-866-3696 or emailed to PIO.workorder@co.monmouth.nj.us.

ABSOLUTELY NO CELL PHONES OR ELECTRONIC DEVICES PERMITTED

YOU WILL BE ASKED TO LEAVE THE INTERVIEW/RECEPTION AREA. THANK YOU FOR YOUR COOPERATION.

ABSOLUTAMENTE NINGUN TELEFONO CELULAR O DISPOSITIVOS ELCTRONICOS PERMITIDO

SE LE PEDIRA QUE ABANDONE EL AREA DE ENTREVISTAS/ RECEPCION. GRACIAS POR SU COOPERACION.

Monmouth County Department of Human Services
Division of Social Services
Standard Operating Procedure

Effective Date: November 17, 2015			
Subject: Reception Unit Security			**Pages 3**
Distribution: **ALL DSS EMPLOYEES**		**Reference:** **County Policy # (NA)**	
Rev. On: **July 25, 2016**	**Page:** **2**	**Sect:** **II.5 and II.6**	

PURPOSE

The purpose of this SOP is to provide a safe and secure reception unit while also promoting a healthy, nurturing and safe environment for the clients seeking services and the staff members assigned to assist them. During interactions with the public, events have the potential to rapidly escalate and may present a dangerous or threatening situation to both the clients we serve and / or our employees. Our primary goal is to safeguard our clients and employees to minimize and defuse these situations as they arise.

The Monmouth County Division of Social Services shall provide security measures in the Reception Unit's located in both the Freehold Township and Ocean Township office locations which are open to the public during business hours in an effort to enhance the safe and effective delivery of public services.

I. DEFINITIONS

A. Security Guards – Trained security personnel provided by a third party vendor located in both the Freehold Township and Ocean Township Reception Units.

B. Security Cameras – Electronic video surveillance devices capable of capturing both live and archived video feeds.

C. One push panic numbers - Emergency response numbers programmed on the Cisco IP phones located in the Freehold Township office. Once activated, notification is provided to the security guard, the Assistant Administrative Supervisor over Reception and the lead HSS3 in reception.

DEFINITIONS (continued)

D. Panic Button – An electronic device located on the interview desks in the Ocean Township Reception Unit when activated alert Officer's in the adjacent satellite Monmouth County Sheriff's Office.

II. PROCEDURES

A. Reception Unit Security Threats:

1. Immediate notification shall be provided to both the Reception Unit Supervisor and the Security Guard on duty.

2. The Reception Unit Supervisor and the Security Guard shall immediately assess reported security threat and determine if additional assistance is required from the Reception Unit Administrator.

3. If it is determined an immediate, imminent or perceived security threat exists to either the client and / or staff, 911 must be contacted and provided the pertinent information regarding the specific security threat.

4. The 911 telephone contact should whenever possible be completed by the Reception Unit Supervisor, the Security Guard or the Reception Unit Administrator; however any employee who perceives an immediate security threat is authorized to contact 911.

5. Any incident that transpires in the Reception Unit regardless as to whether it resulted in contacting 911 shall require every employee witnessing or involved in the incident to complete a Monmouth County Division of Social Services Reception Incident Report (ATTACHED) prior to the end of the business day.

6. Any incident requiring the assistance of local law enforcement and / or emergency medical personnel, the employee making the initial contact shall complete the Monmouth County Division of Social Services Reception Incident Report (ATTACHED) prior to the end of the business day. Please see the attachment below.

7. The Supervisor and / or Administrator on duty who supervised the event shall be required to complete the Monmouth County Division of Social Services Reception Incident Report (reference form number TBD) prior to the end of the business day.

8. The Supervisor and / or Administrator on duty who supervised the event shall also be required to notify Division Director as soon as practical either during or immediately after the security threat has been mitigated.

MONMOUTH COUNTY DIVISION OF SOCIAL SERVICES

No personal belongings (including cell phones) may be brought into the Intake Area other than paperwork related to the interview.

All items placed in this cabinet must be retrieved after your interview. You will need to present your interview number ticket when leaving to identify your stored belongings.

Although this is a locked cabinet, the Division is not responsible for stored items.

No video or audio recording of any kind beyond this point.

Violators will be prosecuted.

2017

Wisniewski, Joanne

From: Katsouris, Bill
Sent: Monday, May 07, 2018 10:03 AM
To: Scheibener, Lorraine
Cc: Wisniewski, Joanne
Subject: OPRA request

Good morning,

Currently in the Ocean office County Security and the Sheriffs are enforcing the NO CELL PHONE and Electronics policy. The office has been treated as a RESTRICTED AREA that prohibits any recording of any kind. If this issue presents itself this week I want to make sure it is handled 100 correctly. Please advise if we are maintaining this policy or if something has changed. I want to make sure all parties are crystal clear on how to handle when it happens.

Thank you,
Bill

Bill Katsouris-x5831
Assistant Administrator-Ocean
Supervisor, Unit AP

Advisory, Consultative and Deliberative Materials