Position Description

Read each heading carefully before proceeding. Ma signed. Send the original to the Division of Personne	el Services.			Agency Number
CHECK ONE: NEW POSITION	EXISTING PO		ASSIFIED	-
1. Agency Name Kansas Department for Children and Families	9. Position K0230804	10. Budget Program I ISD01036	Number	1
2. Employee Name (leave blank if position vacant)		11. Present Class Titl Senior Administra	e (if existing position) ative Assistant	1
3. Division Administration		12. Proposed Class T	itle	
4. Section	For	13. Allocation		
5. Unit Office of Background Investigations	Use	14. Effective Date		Position Number
6. Location (address where employee works)	By	15. By	Approved	K0230804
City Wichita County SG				
7. (circle appropriate time)	Personnel	16. Audit		
Full time X Perm. X Inter.		Date:	By:	
Part time Temp. %		Date:	By:	
8. Regular hours of work: (circle appropriate time)	Office	17. Audit		
		Date:	By:	
FROM: 8:00 AM To: 5:00 PM		Date:	By:	
PART II - To be completed by department head,	personnel office	or supervisor of the p	osition.	

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

Name	Title	Position Number
Heather Johnson	Background/Fingerprint Supervisor	K0236265
Who evaluates the work of an incum	bent in this position?	
N T	Title	Position Number
Name		

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

The position will function under the general guidelines provided by the supervisor with input from other administrators and leadership. Instructions and guidelines will be provided for decision-making. Duties are also assigned by the supervisor or manager.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time		The person in this positon has access to protected health information (PHI) under the provisions of the Heath Information Portability Act of 1996 (HIPPA) Privacy Rule. PHI must be treated in accordance with the provisions of the HIPAA Privacy Regulation including the requirements for safeguarding, releasing and recording the release of such information. The person will receive training in the provision of the HIPAA Privacy Regulations as they relate to the duties of this position and has signed a confidentiality agreement.
	E or M	In addition to the tasks listed below, the incumbent is expected to communicate the Mission, Vision and Guiding Principles of the agency to peers, clients and the public; identify personal strengths and developmental needs to increase job performance and long-term career growth. Continually analyze work processes, seek new approaches and make recommendations to enhance efficiency and effectiveness of the agency. Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer service. Uses free time as available to assist other staff in the completion of work assignments. Contributes to a positive work environment through a positive, helpful, courteous demeanor towards staff, clients, and the general public. Adheres to appropriate standards of conduct regarding the use of leave and reports to work on time.
50%	Е	Assists with both ink and electronic fingerprinting and supporting documentation. Provides quality assurance checks and records fingerprints and supporting documentation received prior to submission to KBI. Provides customer service to agencies and providers who have requested and are awaiting background results. Works with Supervisory personnel to ensure the background processes are efficient while meeting all KBI and FBI requirements. Provides customer service and timely responses to individuals and businesses who have requested Registry services or need account information. Provides technical assistance to ensure registry-related background checks are conducted and disseminated appropriately.
20%	Е	Mobile Fingerprinting Unit operation. Schedule appointments. Obtain and process Fingerprints. (Travel Required)
10%	Е	Reporting: Provide accurate documentation of all Fingerprints performed on a daily basis.
10%	E	Training: Assists area DCF offices in training as needed for Ink Fingerprints. (Travel Required)
10%	Е	Assists with other duties the division needs to conduct the work of the agency.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.

- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- () Plans, staffs, evaluates, and directs work of employees of a work unit.
- () Delegates authority to carry out work of a unit to subordinate supervisors or managers.
- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position. Title
 Position Number

23. Which statement best describes the results of error in action or decision of this employee?

() Minimal property damage, minor injury, minor disruption of the flow of work.

(X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.

() Major program failure, major property loss, or serious injury or incapacitation.

() Loss of life, disruption of operations of a major agency.

Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Regular interactions could occur for various reasons with the public and coworkers. Also, with community contacts, private consultants, owners, operators and other DCF Program Staff.

25. What hazards, risks or discomforts exist on the job or in the work environment?

Normal business/in office discomforts, and loading/unloading the mobile fingerprint unit on appointments.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

Computer, phone, copier, fax, scanner, Live scan fingerprint machine.

PART III - To be completed by the department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

One year of experience in general office, clerical, and administrative support work. Education may be substituted for experience as determined relevant by the agency.

Education or Training - Special or professional

License, certificates, and registrations MUST HAVE A VALID DRIVER'S LICENSE.

Special knowledge, skills, and abilities

Knowledge of DCF systems: KIPS, KIDS, FACTS, CLARSI, Adult Abuse Registry, Central registry Accounting.

Experience - Length in years and kind

DCF and/or background experience is preferred

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here to obtain selective certification.

Must maintain security clearance throughout employment.

Signature of Employee	oyee Date Signature of Personnel Official		Date
Signature of Supervisor	Date	Signature of Agency Head or Appointing Authority	Date