

# Position Description

|   |  |   |  |                           |                 |
|---|--|---|--|---------------------------|-----------------|
| Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services. |  |   |  | Agency Number             |                 |
| CHECK ONE:      NEW POSITION <input type="checkbox"/> EXISTING POSITION      UNCLASSIFIED   |  |   |  |                           |                 |
| <b>Part 1 - Items 1 through 12 to be completed by department head or personnel office.</b>  |  |   |  |                           |                 |
| 1. Agency Name<br>Department for Children and Families  |  | 9. Position No<br>K0233958                              |  | 10. Budget Program Number |                 |
| 2. Employee Name  |  |   | 11. Present Class Title (if existing position)<br>Family Support Coordinator |                           |                 |
| 3. Division<br>Family Services  |  |   | 12. Proposed Class Title   |                           |                 |
| 4. Section<br>Prevention and Protection Services  |  | For<br><br>Use<br><br>By<br><br>Personnel<br><br>Office | 13. Allocation   |                           |                 |
| 5. Unit<br>Assessment and Prevention  |  |   | 14. Effective Date   |                           |                 |
| 6. Location (address where employee works)<br><br>City    County  |  |   | 15. By   |                           | Approved        |
| 7. (circle appropriate time) Unclassified<br><b>Full time</b> <b>Perm.</b> Inter.<br>Part time      Temp.      %  |  |   | 16. Audit<br>Date:      By:<br>Date:      By:                                |                           | Position Number |
| 8. Regular hours of work:<br><br>FROM: 8:00 AM To: 5:00 PM  |  |   | 17. Audit<br>Date:      By:<br>Date:      By:                                |                           |                 |
| <b>PART II - To be completed by department head, personnel office or supervisor of the position.</b>  |  |   |  |                           |                 |

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:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

|             |              |                        |
|-------------|--------------|------------------------|
| <b>Name</b> | <b>Title</b> | <b>Position Number</b> |
|-------------|--------------|------------------------|

Who evaluates the work of an incumbent in this position?

|             |              |
|-------------|--------------|
| <b>Name</b> | <b>Title</b> |
|-------------|--------------|

**Position Number**

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.

Work is performed under the general direction of the Assessment and Prevention Case Manager and Supervisor. Verbal and written assignments are guided by agency policies and procedures. Work performed involves considerable independent judgment seeking supervisory consultation as needed. This position receives minimum daily supervision.

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 | E or M | <p>This position is part of a service delivery team responsible to provide quality customer service while performing a variety of tasks to meet service needs of children in families where abuse or neglect is suspected or are at risk for abuse and neglect. This position also involves performing a variety of tasks to ensure the service needs are being met for children who have been referred to family preservation, foster care, or adoption services. The incumbent is expected to demonstrate a commitment to customer service and will participate fully in team activities in support of the Agency mission. The position also requires a commitment to work effectively with all other PPS Units and DCF Divisions in providing a harmonious work environment that is conducive to improving agency outcomes, office operations and a productive working relationship in the community. This position may be required to provide coverage in other service centers within the assigned region.</p>         |
|--|--------|---|
| 35%  |        | <p><b><u>Administrative Support</u></b></p> <p>Employee shall lend administrative support by assisting the PPS CPS and Supervisor with completion of forms and maintenance of case files in KIDS, answer the phone and screen callers as well as visitors, providing customer information as needed. In addition, employee is responsible to create letters and spreadsheets, and distribute mail or any other correspondence to staff or families. Employee is also responsible for inquiring if a child that is found by CPS to be at risk of removal is eligible for ICWA benefits and support by their tribe. Employee shall begin the paperwork for referrals to family first, family preservation, and foster care-completing data entry in Carematch, creating the medical card, releases of information and then submitting the referral to the appropriate agencies within a time frame given by their supervisor. Employee will also prepare and send notice to relatives as appropriate per PPS Policy 2750.</p> |
| 25%  |        | <p><b><u>Clerical Support</u></b></p> <p>Employee shall lend clerical support to unit and division by tracking data, monitors and serves as a scheduler for intakes to assure timely assignment, creating, maintaining and uploading case files. Employee is also responsible for the gathering of case information in response to court orders, records requests, as well as researching community resources available to assist families. Organizes copies and gathers information for meetings, case reviews and audits as requested by the Assessment and Prevention Services Administrator. Gathers supportive documents to ensure safety of children such as but not limited to medical records and police reports. Employee will also support unit by taking minutes of meetings.</p>  |
| 20%  |        | <p><b><u>Service Delivery/Resource Coordination</u></b></p> <p>Employee shall coordinate available PPS services with community services and other state agencies and collaborate with other providers to ensure family/consumer receives needed services by following up with referrals to services. To fill unmet needs, employee shall research new resources and work with community and partners to implement innovative resource programs. Employee will also conduct follow ups for children under the age of one when referrals to infant toddler services have been made, and will follow up with other providers to ensure that delivery to referred providers are occurring, this would include following up when a PPS 2014B has been submitted to another agency.</p>   |
| 10%  |        | <p><b><u>Communication/Customer Service</u></b></p> <p>Employee shall facilitate the flow of communication between both the contractor and providers with DCF program staff. Employee shall strive to communicate with customers in a way that is professional, easily understood, and is in compliance with HIPPA and agency policies.</p>   |
| 10%  |        | <p><b><u>Case Management</u></b></p> <p>Employee shall ensure management of cases by reviewing the continuum of offered services and serving as advocate for customers, adhering to agency expectations regarding completion of work to meet agency outcomes of timeliness. Employee shall utilize training opportunities and readings to enhance knowledge and skills by attending all required trainings, workshops, unit meetings, and conferences recommended and approved by the supervisor.</p> <p>Other:<br/>Employee shall complete all other duties as assigned</p>  |

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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.

**Name**

**Title**

**Position Number**

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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 health 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.

Tasks not completed as assigned will impede the work of the team. Clients may not receive information or services in a timely manner and additional stress on the child and family may result. Late or omitted reports and/or forms place the agency out of compliance with laws, regulations and procedures.

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

Daily contact with social service staff, regular contact with consumers from the community and staff from social service agencies necessary to complete assigned tasks.

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

Stress from facing hostile clients. Stress resulting from deadlines and use of office equipment on a repetitive basis. Normal risks associated to working in an office environment. Must be able to travel, operate a motor vehicle, and be away from their home or office for periods of time when attending meetings, trainings, and conferences and providing assistance other office locations within the region.

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

Daily use of computer, e-mail, laser printer, telephone, fax, copier, and general office equipment.

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

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

Education - General

Education may be substituted for experience as determined relevant by the agency

Education or Training - special or professional

Education - General

High School diploma or equivalent.

Licenses, certificates and registrations

Valid Driver's license.

Special knowledge, skills and abilities

Experience - length in years and kind

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**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 in order to obtain selective certification.

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\_\_\_\_\_  
Signature of Employee                      Date

\_\_\_\_\_  
Signature of Personnel Official                      Date

**Approved:**

\_\_\_\_\_  
Signature of Supervisor                      Date

\_\_\_\_\_  
Signature of Agency Head or  
Appointing Authority                      Date