REPORTS TO: Lead Teacher

STATUS: Non Exempt, PAY GRADE: 2

PURPOSE: The Classroom Support Aide is responsible for supporting teachers and kitchen staff as needed. This person will help during meal times and sit with children, assisting them and the teachers. When not helping staff with classroom or kitchen duties this person will assist with cleaning. The Classroom Support Aide contributes to ensuring the agency’s full compliance with the Head Start Performance Standards.

RESPONSIBILITIES:
1. Work as a member of classroom team.
2. Provides classroom support on a daily basis.
3. Supports food services by transporting food from main kitchen and delivers to classroom. Set up and clean up of all meals and snacks.
4. Meets weekly with the teaching staff to discuss and plan activities/strategies.
5. Maintains open communication and welcomes parents and children.
6. Shares housekeeping tasks with team members to assure a clean, safe, inviting center.
7. Represents the program in the community in a positive manner, which fosters good community and interagency relationships.
8. Adheres to program policies and Code of Conduct.
9. Performs other duties as assigned, or as necessary to fulfill the position.

QUALIFICATIONS:
1. The Classroom Support Aide must have a high school diploma and experience working with children, including children with special needs. A CDA is preferred.
2. Must have a dependable vehicle and be willing to travel to centers throughout the county, as needed.
3. Must be able to lift and carry at least 45 pounds.
4. Must be able to bend and reach to lift child from low position, or outside climbing equipment if necessary.
5. Must be able to manage a child who is physically out of control, holding or moving to a safe area as needed.
6. Must not have an active record on the System for Award Management (SAM) website.

Staff is responsible for welcoming parent and community volunteers to bolster partnerships and In-Kind donations, all staff are responsible for initiating and documenting donations.

Qualifications and responsibilities are essential functions of the job. Essential functions (EF) are the work tasks that employers do not have to change when making reasonable accommodations.

June 2017
Responsibility for Safety and Health:
1. Follow established standard and safety precautions in the performance of all duties.
2. Report to the Operations Manager any hazardous condition or equipment immediately.
3. Attend required safety trainings.

Physical Requirement:

<table>
<thead>
<tr>
<th>Physical Essential Functions of the position</th>
<th>O</th>
<th>S</th>
<th>F</th>
<th>N (Not applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bending</td>
<td>O</td>
<td>S</td>
<td>F</td>
<td>N (Not applicable)</td>
</tr>
<tr>
<td>Carrying</td>
<td>O</td>
<td>S</td>
<td>F</td>
<td>O (Occasionally) on/off up to 3 hrs. per day</td>
</tr>
<tr>
<td>Driving</td>
<td>O</td>
<td>S</td>
<td>F</td>
<td>F (Frequently) on/off up to 6 hrs. per day</td>
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<tr>
<td>Handling</td>
<td>O</td>
<td>S</td>
<td>F</td>
<td>C (Constantly) all the time, over 6 hrs. per day</td>
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<tr>
<td>Hearing</td>
<td>F</td>
<td></td>
<td></td>
<td>Lift/Carry</td>
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<tr>
<td>Keyboarding</td>
<td>O</td>
<td></td>
<td></td>
<td>40 lbs. or less</td>
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<tr>
<td>Kneeling</td>
<td>O</td>
<td></td>
<td></td>
<td>Push/Pull</td>
</tr>
<tr>
<td>Reaching</td>
<td>O</td>
<td></td>
<td></td>
<td>20 lbs. or less</td>
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</tbody>
</table>

No job description can define completely all aspects of a particular position. This job description in no way states or implies that these are the only duties that you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or is an essential function of the position.

I will obtain an initial health examination upon an offer of employment that includes a screening for Tuberculosis. Employee is responsible to have a physical every other year at own expense and on own time. A physical form provided by the Central Office must be filled out and signed by the physician, then returned to the Health and Nutrition Manager. I will ensure that I receive periodic re-examinations and/or screenings as recommended by my health care provider.

In addition, as required by state licensing, for staff born after 1956, the facility shall obtain and have available a Certificate of Immunization for measles, mumps, rubella, tetanus and diphtheria. A laboratory blood test proving immunity may also be accepted. Documentation of immunity against measles, mumps, and rubella is not required for staff born prior to 1957. No person shall be required to provide such documentation if she/he provides in writing the opposition for sincere religious reasons or philosophical reasons or provides written documentation from a physician that such immunization is medically inadvisable.

I have read this job description and fully understand the requirements set forth therein. I hereby accept the position of CLASSROOM SUPPORT AIDE and agree to abide by the requirements set forth and will perform all duties and responsibilities to the best of my ability.

I further understand that my employment is at-will. I understand that my employment may be terminated at-will by the facility or myself with or with-out notice. I further understand that should I desire to resign a two (2) week notice is necessary, and that failure to work through that notice would lead to a loss of eligibility for rehire at York County Community Action Corporation.

June 2017
I certify that I have read and received a copy of the job description for the Classroom Support Aide. I understand that this job description may change at management’s discretion. I meet the required qualifications for this job and can perform the essential functions, with or without, reasonable accommodation. I understand the duties and agree to carry out these responsibilities as presented.

____________________________________
Employee (print) name

____________________________________
Employee’ Signature    Date

I have thoroughly discussed the job description and expectations of this position with the employee whose signature appears above.

____________________________________
Supervisor’s Signature    Date