York County Community Action Corp.
HEAD START CLASSROOM/FOOD SERVICE SUBSTITUTE
Job Description

REPORTS TO:  Education Manager with input from Site Coordinator
STATUS:  Temporary  PAY GRADE:  1

PURPOSE: Assists staff in carrying out daily center activities, maintains staff/child ratios and attend field trips. Monitors outdoor activities and assists with clean up. Takes time to talk to staff before or after classroom time to ask/answer questions or to set up activities for the classroom.
Works cooperatively with classroom staff on a consistent basis, follows the daily routine, the nutrition schedule, and classroom curriculum. May also be responsible for carrying out daily kitchen or classroom food service activities to include preparing breakfast, lunch and/or snack. When performing kitchen/classroom food service aide activities, they will adhere to CACFP/USDA and Head Start nutrition guidelines.

RESPONSIBILITIES:
1. Completes substitute training.
2. Increase knowledge of child development.
3. Enhance skills working with children and adults.
4. Follow directions and be able to implement ideas.
5. Performs other duties as assigned, or as necessary to fulfill the position.

QUALIFICATIONS;
Has a friendly nurturing and warm personality and has experience working with young children. Displays a positive attitude and accepts special needs of children. Must not have an active record on the System for Award Management (SAM) website.

RESOURCES:
Guidance from Lead Teacher, Teacher/Advocate, or Home Visitor
Classroom curriculum planning days
Written materials

SAFETY:
Substitutes must report all injuries, accidents, and unsafe conditions immediately to the Center Staff and fill out necessary paperwork if needed.

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

Physical Requirement:
Physical Essential Functions of the position
March 2017
Bending: O
Sitting: F
Driving: O
Talking: F
Handling: O
Lift/Carry: O
Keyboarding: O
40 lbs. or less: O
Kneeling: O
Push/Pull: O
Reaching: O
20 lbs. or less: O

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/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.

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 have read this job description and fully understand the requirements set forth therein. I hereby accept the position of CLASSROOM/FOOD SERVICE SUBSTITUTE 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 without 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.

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