

**NEW PATHWAYS FOR CHILDREN
JOB DESCRIPTIONS**

DIRECT CARE WORKER [HR 3.02abc]

Reports To: Program Director

A. Qualifications: [RTX 19.01a-e] [RTX 19.02a-d]

- Must be at least 25 years old,
- A bachelor's degree from an accredited college or university is preferred and/or 2 year's in human service field.
- A minimum of a high school diploma or GED equivalent, and possess extensive experience in a human services field.*
- A valid driver's license and current proof of car insurance.
- Certification in CPR/First Aid/BBP.
- **Must** consent to a criminal, child abuse, and sex offender background check.
- **Must** pass drug & alcohol test
- Possess exceptional teamwork skills.

B. Duties:

1. Be familiar with and follow all written policies and procedures of NPFC.
2. Participate in, and promote the Performance Quality Improvement (PQI) process, assuring service delivery meets regulatory compliance and is aligned with the agency's primary mission or function.
3. Actively provide supervision of daily routines to ensure each residents' safety and encourage independence and growth. Instruct and supervise new resident on chores, health, hygiene, laundry, and residence duties.
4. Assists in the management of the residence, and ensures that the residence is clean, and inspection ready. Notifies the facilities manager of any areas in need of repair.
5. Ministers to the residents' spiritual, emotional, physical, and social needs in a Christ-like atmosphere and instill within them a sense of hope, competency, belonging and responsibility.
6. Sets a positive example to all residents in appearance, conduct, attitude, and language.
7. Inventory new residents' belongings when they enter into and discharge from the program.
8. Conduct a facility tour for all new residents and assist residents in going over Resident Handbook .
9. Encourage residents to eat a nutritional meal as recommended by the National School Lunch Program, and the USDA food programs.
10. When on duty, accurately administers all prescribed medications. Record neat and legible medication chart entries according to documented Medical Passport Procedures. Review medication logs daily for changes, upon arrival to work.
11. Observes and documents in the Communication Log changes in the residents behavior at school, church, and home etc. Instruct next work shift of problems that arise and any necessary instruction. Communicate entries of note to your supervisor
12. Monitors medical, dental, vision, and hearing changes and schedules appointments, as needed.
13. Observes and documents ***immediately***, suspected and/or actual abuse of any kind, as well as critical incidents and/or behaviors on the Incident Report form. Ensures that copies are provided to the Case Managers, PQI Coordinator, and

Treatment Director.

14. Assist in transporting residents to church, appointments, and other activities.
15. Safely transports residents to authorized designation, monitor, and supervise residents during outings and know where residents are at all times.
16. Accurately and consistently administers the NPFC's Point System.
17. Complete all daily monitoring forms legibly and neatly such as Communications Log, Individual Room Monitor, Bathroom Inspection, Rounds Checklist, etc. as **required**.
18. During school time, and sleep times, performs general housekeeping as **required**, e.g. organizing shelves; sweeping, dusting, general pick up, etc.
19. Ensures that the vehicles are cleaned and all debris is removed after each use.
20. Attends all mandatory staff training sessions to meet yearly training requirements. Staff must have 40hr for full-time and 24hr for part-time.
21. Performs any other duties as assigned by the supervisor and Executive Director.

***Education and/or certification are the responsibility of the employee as a condition of meeting NPFC minimum job requirements.**

Employee Signature

Date

OTHER TRAINING

Please list other training or workshops completed in the last five (5) years. _____

Military Service: _____ Rank: _____

Discharge Date: _____ Reserve Commitment: _____

Foreign Language Proficiency: Language: _____ (Circle One) Speak: Poor Fair Good Excellent

Understand: Poor Fair Good Excellent Read: Poor Fair Good Excellent Write: Poor Fair Good Excellent

PRIOR EXPERIENCE (Begin with most recent.)

(1) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

(2) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

(3) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

(4) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

LICENSURE/CERTIFICATION

Are you certified or licensed in Kentucky? _____ Yes _____ No

(a) How many years have you been certified or licensed in Kentucky? _____

(b) List Kentucky Licenses/Certificates presently held:

If you are not presently licensed/certified in Kentucky.

(a) When do you anticipate licensure/certification? _____

(b) Type of licensure/certification Expected: _____

(c) Will additional course work be required? _____

EXTRACURRICULAR ACTIVITIES

List the community and service activities that you have been active with in the last five (5) years:

BACKGROUND INFORMATION

NPFC requires a thorough background check and may require finger printing to promote client and employee safety, and to meet a variety of external requirements. A conviction or founded report of abuse/neglect will not automatically disqualify an applicant for consideration unless it is one for which employment is prohibited by State or Federal law or regulation including DUI, but excluding minor traffic violations such as speeding, etc. All employees will be required to have background verification and be subject to random drug testing. State whether or not you have been convicted of a crime: (applicants are not obligated to disclose sealed or expunged records of conviction or arrest) _____ If yes, specify:

Type of offense

When

County & State

If you have a criminal record (a conviction), please explain:

Are you currently under any court supervision? Please explain:

Have you ever had a founded report of abuse/neglect? If yes, specify: _____

Have you ever used another name? _____ Yes _____ No Maiden Name: _____

Any other name(s) used: _____

In Case of Emergency, please contact: (1) Name: _____ Phone: _____

Relationship: _____ Address: _____

(2) Name: _____ Phone: _____

Relationship: _____ Address: _____

ANY KNOWN ALLERGIES: (Food, medicine, etc.) _____

REFERENCES

Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	
Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	
Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	

NPFC reserves the right to confer with persons listed by you as a reference, or with any other individuals, with knowledge concerning your total qualifications for the position. NPFC will not inquire into your financial status, marital status, or on other-matters unrelated to your qualifications to fill the position for which you applied. However, NPFC is a faith-based agency and as such reserves the right to ensure that employees exemplify personal qualities consistent with its mission. Information received from such inquiries will be used solely for determining your employability with NPFC and for no other purpose. This information will not be shared with anyone other than those NPFC representatives involved in the selection process. Unless you are willing to authorize NPFC to check references, your application will not be considered.

I hereby consent to having NPFC contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

_____ Date _____ Signature
 Because of my existing employment, I request that such contacts and inquiries be delayed until after _____

_____ Date _____ Signature

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you have withheld nothing that would affect this application unfavorably. By signing your name below, you acknowledge that you understand that misrepresentations, or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired.

_____ Date _____ Signature

FOR OFFICIAL USE ONLY

Office Use Only: _____ U.S. W-4 Form _____ KY W-4 Form _____ I-9 Form
 _____ CRC _____ CAN _____ TB Test Results _____ DCBS Affidavit _____ SAR

**NEW PATHWAYS FOR CHILDREN
AUTHORIZATION TO OBTAIN RELEASE OF INFORMATION
Employees/Volunteers**

Pursuant to federal and state guidelines concerning my rights to confidentiality,

Name _____ Date of Birth _____ SS # _____

Address _____ City _____ St _____ Zip _____

I hereby authorize New Pathways for Children, P.O. Box 10, Melber, KY 42069-0010, to obtain release of the following.

1. Child abuse check
2. Sex offender check
3. Police and arrest records
4. Other _____
5. Other _____
6. Other _____
7. Other _____

(Must be stated or put N/A)

I understand that I may revoke this consent at any time. I also understand that any release of information which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. This release will expire on _____ or one year from the date signed.

I also give New Pathways For Children permission to verify the credentials that I have presented, such as: driver's license, car insurance, DMV record, educational, and/or other professional license/certificates.

Signed

Date

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$25.00 fee (check or money order).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature _____

New Pathways For Children

Company _____

Linda Turner

Requestor/Contact Person _____

P.O. Box 10

Address _____

Melber KY 42069

City, State, Zip _____

Date _____

lturner@npfc.net

E-mail address _____

270-674-6061

Telephone Number _____

Please denote which purpose applies to this request:

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) _____

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member
(Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher
(Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ___ Race: _____ Date of Birth: _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: New Pathways For Children

ADDRESS: P.O. Box 10

CITY: Melber,

STATE: KY

ZIP: 42069

PHONE: 270-674-6061

E-MAIL ADDRESS: lturner@npfc.net

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

No reportable incident found in accordance with 922 KAR 1:470

Substantiated child abuse found on the registry Date of substantiated finding: _____

Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights Yes No

A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ **BY** _____