

**CCC - JOB DESCRIPTION
CHILDCARE COUNSELOR TRAINEE**

Under the general supervision of the Cottage Supervisor, the
Childcare Counselor Trainee:

- 1) Complies with all applicable laws, regulations, and agency policies and procedures.
- 2) Completes all Childcare Counselor Certification classes and training.
- 3) Is responsible for developing and maintaining effective communication with fellow employees and for actively promoting positive agency relationships.
- 4) Provides a safe, clean, and therapeutic environment for all children and families. Includes food preparation and housekeeping duties.
- 5) Ensures children's basic and developmental needs are consistently met and structured. Includes assistance with personal hygiene and toiletry needs.
- 6) Ensures safe and effective provision of medications and other health related services.
- 7) Implements daily routines and recreational activities. Assist children with transitions and expectations.
- 8) Implements the Behavioral Treatment Program consistently with all clients.
- 9) Maintains current and complete documentation.
- 10) Shows respect and sensitivity for children and fellow staff at all times.
- 11) Immediately reports all safety issues and property destruction to a Supervisor or CCCIII on duty.
- 12) Performs other duties as assigned by the Cottage Supervisor, CCCIII or Program Coordinator.

REQUIRED QUALIFICATIONS:

At least 18 years of age, free of communicable tuberculosis, cleared by a physician to perform the duties of the job, and have a criminal record clearance and child abuse index check.

COMPENSATION:

\$8.00 to 10.55 hourly rate;
dependent on qualifications

PERSONNEL RECORD
(Form to be completed by employee)

DATE
NAME OF FACILITY
FACILITY ADDRESS
FACILITY FILE NUMBER

1. PERSONAL

NAME (LAST FIRST MIDDLE)	TELEPHONE ()
ADDRESS	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)	DATE OF LAST PHYSICAL EXAMINATION
	DATE OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? YES NO IF YES, PLEASE LIST ALL NAMES USED.

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CDL NUMBER	IF YES, PLEASE EXPLAIN ON BACK OF FORM.
NEAREST LIVING RELATIVE — NAME:	TELEPHONE NUMBER
ADDRESS	RELATIONSHIP

2. POSITION

TITLE	SALARY	HOURS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

3. PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE _____
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EMPLOYMENT — RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

RESUME / APPLICATION FRAUD

I hereby certify all information provided by one on this employment application and all other information provided by me in the course of applying for employment at Chamberlain's Children Center, Inc. is truthful and accurate. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment at Chamberlain's Children Center, Inc. is found to be false, untruthful or misleading, that such will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee of Chamberlain's Children Center, Inc. and at any time thereafter it is discovered that any information provided by me on this employment application or any of the other information provided by me in the course of applying for employment at Chamberlain's Children Center, Inc. is found to be false, untruthful or misleading, I will be subject to immediate termination from employment. Notwithstanding the above, I also understand that if I am offered and accept employment at Chamberlain's Children Center, Inc., my employment will be employment "at will," which may be terminated by myself or by Chamberlain's Children Center, Inc., at any time with or without notice and with or without cause.

Applicant's Signature

Date

EMPLOYMENT AT WILL

It is the goal of the Agency to provide a positive work environment and income earning opportunities for all employees. However, it is also recognized that personnel changes are frequently initiated by employees and management alike. In this regard it is expressly understood that you retain your right to terminate your employment with the Agency at any time and the Agency maintains a corresponding right to terminate employment at any time for any reason. This policy may only be modified in writing and shall supersede any verbal representations made to the contrary.

ACKNOWLEDGMENT: I have carefully read and understood the above policy.

Employee Signature

Date

Agency Authorized Signature

Date



Chamberlain's Children Center Inc.

Executive Director

Robert Freiri

Board Of Directors:

Nancy Kops, President

Suzie Swing, Vice-President

Larry Lema, Treasurer

Calla Bertao, Secretary

Josie Bravo Mark Quillen

Lisa Bruce Katie Petersen

Conditions of Employment Training

All children placed at Chamberlain's Children Center Inc. have special developmental needs, which require highly competent care and supervision. While there are a variety of training programs available, they are not based on developing the specific competencies, which are required by our employees.

Chamberlain's Children Center has therefore developed its own competency based training program that is a co-requisite for training in a combination of classroom and work sites. The training focuses on the specific competencies required of our employees. Unless waived by the Personnel Manager, the minimum 40 hour classroom component of the training must be completed within the first 90 days of employment. Certificates of proficiency are awarded to that candidate who completes the required training and who satisfactorily completes a 6 month evaluation of their skills in therapeutic child care, household maintenance, documentation, first aid, and their knowledge of applicable laws, regulations, policies and procedures.

Only those persons who hold a Chamberlain's Children Center Certificate of Competency are eligible for employment as a Childcare Counselor 1, Childcare Counselor 2, Childcare Counselor 3 or a Cottage Supervisor. Person's employed prior to certification, are classified as Childcare Counselor Trainee.

I have read, I understand, and I agree to abide by the Conditions of Employment as described above. I further understand that completion of the proficiency certification and that I must complete the formal training. By signing this statement, I understand that my employment with Chamberlain's Children Center will be terminated if I have not completed the certification requirements within 9 months.

Signed: _____ Date: _____

Name: _____
Print

Reviewed and approved by _____ Date: _____