

**MILWAUKEE COUNTY**

**JOB EVALUATION QUESTIONNAIRE**

This form is designed to assist you in describing your departmental job. You are asked to fill this form out to outline the essential duties and responsibilities; and identify the knowledge, skills and abilities required to successfully perform the job. This form is used to request new job classifications, review current classifications, reclassification, reallocations, and general updates to the job description. ***Note:*** It is the job that is being evaluated, not the position/incumbent. Thank you for your cooperation.

**GENERAL INSTRUCTIONS:**

1. Before beginning, please look over the entire questionnaire. Each question should be answered completely and accurately. If a question does not apply to this job, please indicate “N/A” (Not Applicable).

2. To complete the questionnaire, please type and/or select your responses.

3. If you wish to make additional comments, please use the space available in the “Additional Comments” section on page 6 of this questionnaire.

**A. JOB IDENTIFICATION INFORMATION**

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| **Department (High Org):** | **8000** | **Division (Low Org):** | **8387** | |
| **Contact for this Study** | Name: **Kelly Pethke** | Email: **Kelly.Pethke@Milwaukeecountywi.gov** | | |
| Title: **Administrator** | Phone: **257-5725** | | |
| **Current Job Title:** | **Director of Children’s Disability Programs** | **Current Job Code:** | |  |
| **Health Screen Level:** |  | **Background Check Level:** | |  |
| **Job Reports To:** | Title: CYFS Administrator | | | |
| **Request Type:** | Establish New  Review  Reclassification  Reallocation  Update Description  Other, Specify | | | |

**B. JUSTIFICATION STATEMENT**

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| 1. **Attach an organizational chart.** |
| 1. **Explain the events or changes that made this request necessary.** |
| **Updated for new job title.** |

**C. ABOUT THE JOB**

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| --- | --- | --- | --- | --- | --- |
| **Job Status:** | Regular Full-Time | Regular Part-Time | | Seasonal | Contract |
| **Shift:** | Day | Evening | | Night | Other: |
| **Hours Per Week:** | >40 Hours | 32-40 Hours | | 20-32 Hours | <20 Hours |
| **Travel:** | Yes  No If Yes, 10% | | | | |
| **Will This Job Supervise/Manage?** | | Supervise  Manage # of Direct Reports: **6**  N/A | | | |
| **Fiscal Responsibility:** Responsible for annual operating budget for department(s)/division(s)? | | | Yes  No If yes, please provide total amount? | | |

**D. JOB SUMMARY:**

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| Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing ***What*** the job is, ***What*** its major objective is, and ***Why*** does it exist. |
| **Responsible for the overall operations, activities and implementation of the Birth to 3 Program, the Children’s Long-Term Support Waiver Program, and the Children’s Community Options Program. This position sets section priorities to align with the vision and mission of Milwaukee County DHHS by providing high quality, equitable, essential services to children and youth with intellectual, physical and mental health disabilities. Leads and supports children’s integration efforts across DHHS.** |

**E. ESSENTIAL DUTIES/RESPONSIBILITES:**

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| **JOB RESPONSIBILITY LIST:** Please describe the major elements of the job. List only the major functions, separately, in order of importance. Provide a one or two line descriptive statement for each duty so that someone not familiar with this kind of work can understand it. Weight the approximate percentage of allocated work time for each functional work activity (Round to the nearest **10%**). We do not need to know HOW the function is to be performed, but rather, WHAT it is to be performed. **Percentages should add up to 100%** | | | | |
| 1. | Original  New | | Job Duty: Enhance DHHS system of care for children and youth with disabilities by increasing access to supports and services with a focus on Racial Equity | % of Time: 25 |
| *Descriptive:* | Assess current outreach, intake, eligibility and enrollment policies and procedures to determine what barriers & solutions exist for families enrolling in children’s programs. Develop intentional strategies to increase program access for Black, Indigenous, People of Color (BIPOC). Develop, monitor and revise policies and procedures for CLTS, CCOP and Birth -3 as needed to increase efficiency, maintain compliance with State and Federal requirements, improve quality of service provision. | | |
| 2. | Original  New | | Job Duty: Develop and maintain key partnerships with community partners, stakeholders, state and county staff, families | % of Time: 10 |
| *Descriptive:* | Develop and maintain strong collaborative partnerships with community partners who share the vision and mission to support and empower families and youth with disabilities. | | |
| 3. | Original  New | | Job Duty: Implement children’s services for B3, CLTS and CCOP programs | % of Time: 30 |
| *Descriptive:* | Implement and coordinate service monitoring and quality improvement in the Birth – 3 Program, the CLTS Waiver Program and the CCOP Program in Milwaukee County through program development, provider contracts for service delivery and service coordination. Coordinate with Contract Administration, Fiscal, and DHHS administration regarding contracts, contract recommendations, audit and record review tasks, monitor agreements with community partners (i.e. transition agreements with Head Start, school districts for B-3) | | |
| 4. | Original  New | | Job Duty: Provide supervision of the Program Coordinators, Quality Assurance staff and HSW’s | % of Time: 15 |
| *Descriptive:* | Provide supervision of program coordinators, QAS and HSW’s to direct and guide the CYFS work plan and priorities. Provide leadership in training through the provision of quarterly trainings for internal and external staff, on programs, policies, best practices and operations of programs managed by CYFS. | | |
| 5. | Original  New | | Job Duty: Represent the County at state, regional and county meetings | % of Time: 10 |
| *Descriptive:* | Represent Milwaukee County at State, Regional and County meetings on service issues related to CLTS, Birth – 3 and CCOP along with other system develop and advocacy initiatives. | | |
| 6. | Original  New | | Job Duty: Monitor program spending and service fund utilization | % of Time: 10 |
| *Descriptive:* | Provide oversight of program spending, service and fund utilization, patterns or trends in program areas, intervention as needed. Seek additional sources of revenue (i.e. grants) and efficiencies that will increase county revenue. | | |
| 7. | Original  New | | Job Duty: | % of Time: |
| *Descriptive:* |  | | |
| 8. | Original  New | | Job Duty: | % of Time: |
| *Descriptive:* |  | | |
| 9. | Original  New | | Job Duty: | % of Time: |
| *Descriptive:* |  | | |
| 10. | Original  New | | Job Duty: | % of Time: |
| *Descriptive:* |  | | |

**F. EQUIPMENT, TOOLS & MATERIALS, PERSONAL COMPUTERS, SOFTWARE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please list all equipment, tools or materials required to perform the job along with the frequency.** | | | | | | **Frequency** | | | | **Type of Equipment** |
| **Daily** | | **Weekly** | **Monthly** |
| 1.Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc) | | | | | |  | | X |  | Personal or pool vehicle |
| 2. Hand Tools/Instruments: (i.e. Power Tools, Equipment, Weapons, etc.) | | | | | | X | |  |  | Personal computer, cell phone |
| 3. Driving required? | | Yes  No | | | List License Types: (Required) | | State of WI Valid driver’s license | | | |
| List License Types: (Preferred) | |  | | | |
| 4. Personal vehicle required? | | | | | Yes  No | | | | | |
| 5. Please list all Technology, Systems and Software Knowledge required to perform the job: | | | | | | | | | | |
| Basic | Intermediate | | Advanced |  | | | | | | |
|  |  | |  | Knowledge of all related computer and software applications, such as word processing and spreadsheets. | | | | | | |
|  |  | |  | Other: Knowledge of basic functions of smart phone | | | | | | |
|  |  | |  | Other: | | | | | | |
|  |  | |  | Other: | | | | | | |

**G. JOB COMPETENCIES**

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| **Internal/External Contacts:** Please select all that apply. |

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|  | Exchange of basic information with internal and/or external contacts. |
|  | Maintain sensitive or confidential information. |
|  | Explain and gather information, answer queries, or provide assistance to internal and/or external contacts. |
|  | Persuade, conform or recommend course of action with internal and/or external contacts. |
|  | Perform with a high degree of authority in securing understanding and cooperation with internal and/or external contacts. |
|  | Maintain a continuing working relationship that can have a significant effect on the success of the organization. |

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| **Communication Skills:** Select the level of language (ability to read, write and speak needed to successfully accomplish the essential duties of the job.) Please select all that apply. |

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|  | Read, write and comprehend simple instructions, reports, short correspondence and memos. |
|  | Speak effectively before both internal and/or external groups. |
|  | Read, analyze, and interpret safety rules, operating/maintenance instructions and procedure manuals, scientific/technical journals and procedures, government regulations, financial and legal documents. |
|  | Prepare and/or present written communications that pertain to controversial and complex topics. |

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| **Decision-Making:** Please select only one of the following: |

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|  | Makes minimal decision-making responsibility. |
|  | Makes decisions of responsibility involving evaluation of information; decisions may require development or application of alternatives or precedents. |
|  | Makes decisions of responsibility and final results that affect more than one department or a department with multiple units; substantial analysis is required and many factors must be weighed before a decision can be reached. |
|  | Makes decisions of responsibility and final recommendations, which may result in the formulation of strategic plans of action to achieve the broad objectives for the organization; involves long-range future planning including scope, direction and goals. |

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| **Complexity, Judgment and Problem Solving:** Please select all that apply. |

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|  | Understand and follow instructions. |
|  | Execute decisions within limits of standard policy and procedures. |
|  | Interpret and adapt to established practices and procedures using independent judgment to meet situations to which applications are not clearly defined. |
|  | Perform within difficult or complex working conditions or situations not easily evaluated; decisions require considerable judgment, initiative and ingenuity in areas there is little precedent. |
|  | Act independently in the formulation and administration of policies and programs for major departments or functions. |

**H. WORKING CONDITIONS**

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| What are the physical, mental and environment demands for this job? Functions identified must coincide with the descriptive statement of essential duties and responsibilities for this job. The functions should focus on what is to be done and the processes traditionally used to achieve end results. For each of the following functional requirements, indicate the frequency in which it occurs in this job. | | | | | | | | | | | | | |
| **PHYSICAL DEMANDS** | | | | | **N/A** | | **Seldom**  **(<25%)** | | **Occasional**  **(25% - 50%)** | | **Frequent**  **(50% - 75%)** | | **Always**  **(>75%)** |
| Standing | | | | |  | |  | |  | |  | |  |
| Walking/Running | | | | |  | |  | |  | |  | |  |
| Sitting | | | | |  | |  | |  | |  | |  |
| Reaching | | | | |  | |  | |  | |  | |  |
| Climbing | | | | |  | |  | |  | |  | |  |
| Driving | | | | |  | |  | |  | |  | |  |
| Bending/Kneeling | | | | |  | |  | |  | |  | |  |
| Hearing | | | | |  | |  | |  | |  | |  |
| Talking | | | | |  | |  | |  | |  | |  |
| Visual | | | | |  | |  | |  | |  | |  |
| Typing | | | | |  | |  | |  | |  | |  |
| Writing | | | | |  | |  | |  | |  | |  |
| Fine Dexterity | | | | |  | |  | |  | |  | |  |
| Manual Dexterity | | | | |  | |  | |  | |  | |  |
| Upper Extremity Repetitive Motion | | | | |  | |  | |  | |  | |  |
| Lifting/Carrying (lbs.) | | | up to 05 | up to 10 | | up to 15 | | up to 20 | | up to 25 | | up to 30 | up to |
| Pushing/Pulling (lbs.) | | | up to 05 | up to 10 | | up to 15 | | up to 20 | | up to 25 | | up to 30 | up to |
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| **NON-PHYSICAL DEMANDS** | | | **N/A** | **Seldom**  **(<25%)** | **Occasional**  **(25% - 50%)** | **Frequent**  **(50% - 75%)** | **Always**  **(>75%)** |
| Analysis/Reasoning | | |  |  |  |  |  |
| Communication/Interpretation | | |  |  |  |  |  |
| Math/Mental Computation | | |  |  |  |  |  |
| Reading | | |  |  |  |  |  |
| Sustained Mental Activity (i.e. auditing, problem solving, grant writing, composing reports) | | |  |  |  |  |  |
| Other: | | Writing |  |  |  |  |  |
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| **ENVIRONMENTAL DEMANDS** | | | **N/A** | **Seldom**  **(<25%)** | **Occasional**  **(25% - 50%)** | **Frequent**  **(50% - 75%)** | **Always**  **(>75%)** |
| Work Independently | | |  |  |  |  |  |
| Task Changes | | |  |  |  |  |  |
| Tedious/Exacting Work | | |  |  |  |  |  |
| High Volume Public Contact | | |  |  |  |  |  |
| Dust | | |  |  |  |  |  |
| Temperature Extremes | | |  |  |  |  |  |
| Loud Noises | | |  |  |  |  |  |
| Physical Danger | | |  |  |  |  |  |
| Toxic Substances (i.e. solvents, pesticides, etc.) | | |  |  |  |  |  |
| Other: | |  |  |  |  |  |  |
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| **WORK SCHEDULE:** Please select all that apply. | |
|  | Routine shifts hours. Infrequent overtime, weekend, or shift rotation. |
|  | Considerable irregularity of hours due to frequent overtime, weekend or shift rotation. |
|  | Regular and/or frequent on-call availability; nature of work frequently requires irregular, unpredictable or particularly long hours. |

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| **DEMANDS/DEADLINES:** Please select all that apply. | |
|  | Little or no stress created by work, employees or public. |
|  | Intermittent or cyclical work pressures with occasional exposure to high stress work environments. |
|  | High volume and variable work demands and deadlines that impose strain on a routine basis; frequent direct contact with individuals or exposure to highly stressful situation, demands or pressures. |

**I. EDUCATION, LICENSE, AND EXPERIENCE**

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| **EDUCATION**  Please indicate the MINIMUM educational level required: | |
| HS Diploma/GED |  |
| Associate’s Degree | Area of specialization/major: |
| Bachelor’s Degree | Area of specialization/major: Social Work, Psychology, Special Education, Human Services or related fiel |
| Graduate Degree | Area of specialization/major: |
| Post Graduate Degree (PhD) | Area of specialization/major: |
| Professional Degree (Law, Medicine, etc.) | Area of specialization/major: |
| Other: | Please indicate: |

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| **LICENSE/CERTIFICATION: (Please complete Section F on Page 3 for Driving Requirements/License(s))**  What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training: |
| Director must meet provider qualifications for Support and Service Coordinator position as defined in DHS 90 and the CLTS Waiver Manual. |

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| **WORK EXPERIENCE**  Please indicate the MINIMUM number of years of practical experience required. | |
| No experience |  |
| Less than one year | *Area(s) of experience:* |
| One to two years | *Area(s) of experience:* |
| Two to five years | *Area(s) of experience:* Experience working with individuals with disabilities |
| Five or more years | *Area(s) of experience:* |

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| **SUPERVISORY/MANAGEMENT EXPERIENCE**  Please indicate the MINIMUM number of years of supervisory/management experience required. | |
| No experience |  |
| Less than one year | *Area(s) of experience:* |
| One to three years | *Area(s) of experience:* |
| Three to five years | *Area(s) of experience:* Experience supervising professional staff in human services or related field |
| Five or more years | *Area(s) of experience:* |

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| **Supervisory/Managerial:** If applicable, select the appropriate level of responsibility. |

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|  | **Level 1** General instructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as “lead worker”. Functional supervision only. Recommends personnel actions (hiring, termination, pay changes, etc.) but does not independently conduct. |
|  | **Level 2** Scheduling, supervision, and evaluation of work of employees who perform similar work assignments. Conducts all aspects of personnel actions (hiring, termination, pay changes, etc.). |
|  | **Level 3** Scheduling, supervision and evaluation of work as a “manager” of the first line supervisors; or perform supervision of workers who perform distinct and separate blocks of work. Oversees and conducts all aspects of personnel actions (hiring, termination, pay changes, etc.).  Are there subordinate supervisors reporting to this job?  Yes  No If yes, how many? |
|  | **Level 4** Scheduling, supervision and evaluation of work as a superior of “managers”. Administers through subordinate managers, departmental multi-function programs or operations. Oversees and conducts all aspects of personnel actions (hiring, termination, pay changes, etc.).  Are there subordinate supervisors/managers reporting to this job?  Yes  No If yes, how many? 5-6 |
|  | **Level 5** Scheduling, supervision, and evaluation of work as a superior of those in level 4.  Are there subordinate supervisors/managers reporting to this job?  Yes  No If yes, how many? |
| **List the names of the Positions and/or Department(s)/Division(s) supervised/managed by this job:** | |
| * Birth – 3 Coordinator * CLTS Coordinator * CLTS Coordinator * CCOP/Intake Coordinator | |
| * Provider Network Coordinator * Quality Assurance Specialist | |

**J. ADDITIONAL COMMENTS**

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| Please list additional items not covered in this questionnaire that would be helpful to the Compensation Department in understanding this job. |
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| Please provide additional information and/or language so that Employment & Staffing can include it in the job announcement (Providing that the Compensation Department has approved). |
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**K. SIGNATURES**

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| **SUPERVISOR’S/MANAGER’S CONFIRMATION:**  I have completed and/or reviewed the contents of this job evaluation questionnaire and consent to its accuracy. | |
| **Supervisor/Manager Signature:** | **Date:** |
| **Department/Division Head Signature: *Kelly Pethke*** | **Date:** 10.11.2022 |
|  |  |

**Email the completed form to:** [hrcompensation@milwaukeecountywi.gov](mailto:hrcompensation@milwaukeecountywi.gov). **Please ensure the subject line includes the Department High Org., and (if applicable) Low Org. number, Request Type (i.e. JEQ Request, JEQ Study,)** (I.e. 1140/1140 JEQ Request)