

WINNEBAGO COUNTY JOB DESCRIPTION

**NON-BARGAINING
UNIT**

**STEP AND GRADE:
6D**

**DATE LAST PRINTED:
October 18, 2012**

JOB TITLE: Assistant Dietary Supervisor

604N

Summary of Responsibilities

Responsible to the Dietary Services Supervisor in the administration of food services and supervision of employees; directly supervises dietary service employees in the performance of their duties to meet the dietary needs of residents and staff; maintains a sanitary and safe food service environment.

Illustrative Examples of Work

1. Maintains sanitation and safety of food service environment by supervising staff in the completion of cleaning assignments and ensuring that equipment is in proper working order.
2. Supervises, prepares schedules of work hours and daily assignments for dietary employees.
3. Prepares order for weekly perishable food supply.
4. Receives food supply deliveries; oversees preparation, storage, and utilization of fresh packaged, canned and frozen food and or leftovers.
5. Ensures that each resident receives proper diet as outlined on his or her meal ticket and that individual tastes are considered.
6. Assures food served at required temperature.
7. Assists Dietary Services Supervisor with inventory, food quantity, updating diet cards, and other administrative duties.
8. Attends and participates in fire drills, in-service training and other required meetings or activities.
9. Performs all duties in accordance with County policies and procedures.
10. Performs other duties as required or assigned.
11. Regular attendance is required, overtime as needed/scheduled.

Education and Experience

- Completion of four years of high school or general education; bachelor's degree preferred; a minimum of one year experience in food service for a medium to large institution; or any equivalent combination of education and experience.
- Graduation from a State approved course providing 90 hours or more of classroom instruction in food service supervision or equivalent combination of training and experience.
- Extensive knowledge of dietetics including nutritional values and knowledge of the requirements of special diets.
- Working knowledge of applicable Federal, State, and local requirements for a skilled nursing home.

Abilities

- Ability to supervise dietary staff.
- Ability to plan and supervise the preparation of both regular and special diets.
- Ability to maintain personnel cleanliness and attention to sanitation and safety in the work environment.
- Ability to communicate effectively both orally and in writing.
- Ability to establish and maintain satisfactory working relationships with facility staff, residents, and general public.

Refer to the *Analysis of Essential Functions* form for the detailed physical requirements of this position.



WINNEBAGO COUNTY

Physical Essential Functions Details

Position: Assistant Dietary Supervisor Department: River Bluff Nursing Home - Dietary Department

ANALYSIS OF ESSENTIAL FUNCTIONS

PHYSICAL DEMANDS

1. This position requires: (check all that apply)

	Not at all (0%)	Occasionally (1 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
Sit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl – various heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. This position requires the following (lifting, carrying, pushing and/or pulling):

FLOOR to WAIST	Not at all (0%)	Occasionally (1 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
Up to 10 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 – 24 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 – 34 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 – 50 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 – 74 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above 75 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAIST to SHOULDER	Not at all (0%)	Occasionally (1 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 – 24 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25 – 34 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 – 50 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 – 74 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above 75 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOULDER and above	Not at all (0%)	Occasionally (1 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 – 24 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25 – 34 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 – 50 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 – 74 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above 75 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. This position requires the employee to operate foot controls with: (check if applicable)

Right	Left	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. This position requires the following hand use: (check if applicable)

	Simple Grasping	Firm Grasping	Fine Manipulation
Right Hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Left Hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SENSORY/PERCEPTUAL (check all that apply)

	Not at all (0%)	Occasionally (1 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
Hearing – Conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing – other sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision – far	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision – near	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision – color	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision – depth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Feeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WORK ENVIRONMENT (check all that apply)

	Not at all (0%)	Occasionally (1 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
Inside work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outside work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot/Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Humid/Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dust, Vapor or Fumes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moving objects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharp tools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slippery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congested work site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work independent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interact with public	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vibrating tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Human Resource Manager: _____

Date: _____

Department Head: _____

Date: _____

Comments: _____
