



Ross County Community Action Commission, Inc.

250 N. Woodbridge Avenue • Chillicothe, Ohio 45601

Telephone: (740) 702-7222 • Fax: 740) 702-7220

Title: Cook/Delivery Person
Classification: Non-Exempt, Full Time
Supervisor: Health and Nutrition Manager
Pay Scale: \$11.63 - \$11.84

Qualifications:

1. Must have high school diploma or equivalent
2. Able to communicate with vendors in a positive and effective manner
3. Ability to keep records, order and inventory of food service supplies
4. 21 years of age or meet local board policy requirements
5. Complete pre-employment physical, TB test, and drug screening; complete BCI and FBI background review
6. Physically capable of lifting and carrying heavy loads of at least 40 pounds

Duties & Responsibilities:

1. Assist in preparing and overseeing preparation of large quantities of food
2. Assist in monitoring food usage and adjust according to need to maintain reasonable food costs and waste control
3. Assist in ordering food and other items needed in operation of the service program for all Head Start Centers upon approval of the Nutrition Manager
4. Assist in cleaning kitchen
5. Assist in keeping up to date inventories
6. Assist in cleaning and maintaining kitchen equipment
7. Deliver food to Head Start Program sites as needed
8. Assure that snack and breakfast food products are available at all Head Start centers by
9. Keeping daily account of items
10. Assist in upkeep of daily Production Book
11. Interact with children while in center & make sure center rules are maintained at all times.
12. Assist with the implementation of food service as required by CACFP, Head Start Performance Standards and local health regulations. Duties include, but are not limited to, ensuring food, including milk, is ordered, prepared, delivered and tracked as required. Also included accurate inventory taking when required and administering special diet foods.

13. Perform all duties to ensure program will remain in compliance with Federal and State Performance Standards and Ohio Dept. JFS Licensing

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____