

U.S. Office of Personnel Management
Office of Merit Systems Oversight and Effectiveness
Classification Appeals and ELSA Programs



Atlanta Oversight Division
75 Spring Street, SW, Room 972
Atlanta, GA 30303

Classification Appeal Decision
Under Section 5112 of Title 5, United States Code

Appellant: [Appellant]

Agency classification: Early Childhood Special Educator
GS-1701-9

Organization: {Department of the Army}

OPM decision: GS-1701-9
(Title at agency discretion)

OPM decision number: C-1701-09-02

Kathy W. Day
Classification Appeals Officer

1/30/98

Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the Introduction to the Position Classification Standards, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

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Introduction

On October 3, 1997, the Atlanta Oversight Division, U.S. Office of Personnel Management (OPM), accepted an appeal for the position of Early Childhood Special Educator, GS-1701-9, [organizational location]. The appellant is requesting that her position be changed to a higher grade.

The appeal has been accepted and processed under section 5112(b) of title 5, United States Code. This is the final administrative decision on the classification of the position subject to discretionary review only under the limited conditions and time outlined in part 511, subpart F, of title 5, Code of Federal Regulations.

To help decide the appeal, Atlanta Oversight Division representatives conducted telephone and onsite audits of the appellant's position. The audit included an interview with the appellant's supervisor. In reaching our classification decision, we have carefully reviewed the audit findings and all information of record furnished by the appellant and her agency, including her official position description number [#].

By law, a classification appeal decision is based on comparing the appellant's current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112).

Position information

The appellant serves as an early childhood (birth to 3 years) developmental specialist for dependents of military personnel assigned to [locations]. Children are referred to the appellant by the medical staff of the Pediatric Clinic, or by the child's parents. The appellant determines the extent of the developmental problem(s) through interviews with parents and other primary care givers. She selects, administers, scores, and interprets assessment/screening tests such as: the Denver Developmental Screening II, the Batelle Developmental Inventory, and the Bayley Scales of Infant Development. After determining the type and extent of the developmental impairment, the appellant designs and develops educational goals and curricula which are included in an intervention plan of therapies and activities designed to bring the child's developmental skills within normal range for his/her age. Plans could include such things as speech/physical therapy, activities/exercises performed by the parent with the child, participation in age-appropriate activities at the onbase Child Development Center, and participation in developmental therapy sessions with the appellant. The appellant provides special instruction/therapy for the child's family and others responsible for the child in the techniques, procedures and methods designed to promote progressive treatment. She is a member of an interdisciplinary Special Needs Resource Team that includes the Army Community Service Center Director, a Training and Curriculum Development Specialist, and a classroom teacher from the Child Development Center designed to focus an array of educational/community expertise and resources on each participating infant/toddler's particular developmental needs.

The appellant's position description and other material of record furnish much more information about her duties and responsibilities and how they are performed.

Standard determination

General Education and Training Series, GS-1701, October 1991.

Occupational Therapist Series, GS-631, April 1988.

Series determination

The GS-1701, General Education and Training Series, includes positions that primarily involve professional work in the field of education and training when the work is not more appropriately covered by another professional series in this or any other group. Included are positions where (1) the work has characteristics that may be identified with more than one professional education series with none predominant, (2) the combination of professional knowledge required by the work is not specifically covered by another series, or (3) the work is in a specialized professional field not readily identifiable with other existing series in this or any other group.

The appellant's duties and responsibilities meet criteria (3) for inclusion in this series. The appellant functions as an educational therapist specializing in developmental impairments of infants and toddlers. The duties and responsibilities of the position require the incumbent to exercise professional education and training expertise focused in the highly specialized area of early childhood development. The age of the participants (infants/toddlers) requires the appellant to apply specialized assessment and educational/training tools and techniques in determining the nature and extent of the problem and in designing an age-appropriate intervention program. Further supporting assignment of this position to the GS-1701 series is information provided by the supervisor that an incumbent of this position must have, at a minimum, a Masters Degree in Early Childhood Special Education or Early Childhood Intervention to fulfill job responsibilities.

Title determination

There are no prescribed titles for positions in the GS-1701 series. In accordance with instructions in the Introduction to the Position Classification Standards, the appellant's agency may choose the official title for her position.

Grade determination

Since the GS-1701 series does not contain grade level criteria, the grade of the appellant's position is determined by cross-reference to the Occupational Therapist Series, GS-631. This series was selected for comparison because it includes positions requiring professional knowledge of the concepts, principles, and practices necessary to provide clinical services to individuals who have impaired capacities for performing activities appropriate to their age group.

The standard for the GS-631, Occupational Therapist Series, is written in the Factor Evaluation System (FES) format. Under the FES, positions are placed in grades on the basis of their duties,

responsibilities, and the qualifications required as evaluated in terms of nine factors common to nonsupervisory General Schedule positions.

A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position factor to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor-level description in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard.

Under FES, positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a classification standard must be evaluated by reference to the Primary Standard, contained in Appendix 3 of the Introduction to the Position Classification Standards. The Primary Standard is the "standard-for-standards" for FES.

Factor 1 - Knowledge Required by the Position:

This factor measures the nature and extent of information or facts that a worker must understand to do acceptable work, such as the procedures, practices, rules, policies, theories, principles, and concepts; and the nature and extent of the skills needed to apply this knowledge. In order for any knowledge to be used as a basis for selecting a level under this factor, it must be required and applied in the work of the position being evaluated.

At Level 1-6, the position requires knowledge of professional therapy (in this case early childhood special education) concepts, principles, and methodologies to develop plans using standard procedures, and to modify intervention plans according to changing conditions or reactions. This includes knowledge of levels of motor, cognitive, psychological, and social skills and abilities expected at various stages of life; common disabilities or incapacities associated with emotional, neurological, orthopedic, and general medical conditions that interfere with the ability to function; accepted methods for evaluating levels of abilities; and activities or compensatory techniques to assist the person (infant/child) to regain or improve capacities. Employees at this level use standardized tests and structured assessments to evaluate perceptual ability, problem solving ability, concentration, social integration skills, etc.

Level 1-7 assignments require professional knowledges requiring extended education or experience to perform advanced techniques, or to apply new scientific/technological procedures in the treatment of difficult or complex individual problems.

The appellant meets Level 1-6. She uses various standardized tests and assessment tools, such as the Denver Developmental Screening II, the Battelle Developmental Inventory and the Bayley Scales of Infant Development, to measure the degree of developmental impairment in infants and toddlers

referred to Early Intervention Services (EIS). She also conducts interviews with the child's parents and/or primary care giver to gather data about the child's day-to-day environment and activities. Based on the assessment test results and information gathered through the interview process, the appellant develops an intervention plan designed to improve the infant/toddler's social, cognitive, motor, speech, or other developmental deficiencies. Interventions could include such things as sessions with a Speech or Physical Therapist, therapeutic activities conducted by the appellant and/or parent, time at the onbase Child Development Center to improve social/cognitive skills, or community based therapeutic activities. To develop intervention plans that will have positive outcomes, the appellant applies professional level training and experience to the problem at hand. She is familiar with and, as appropriate, utilizes up-to-date research findings concerning early childhood developmental problems and intervention strategies in her case management practice.

The nature of the appellant's therapy assignments precludes the appellant operating at Level 1-7. Although the appellant is familiar with and makes use of up-to-date research findings which is described at Level 1-7, the therapy problems she routinely handles with infants or toddlers do not typically require her to apply unusual or innovative intervention strategies. The appellant relies on a fairly standard range of intervention techniques that have proven themselves to be effective and are within the scope of [base] facilities to provide.

This factor is credited at Level 1-6, for 950 points.

Factor 2 - Supervisory Controls:

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility for carrying out assignments, and how completed work is reviewed.

At Level 2-3, the supervisor defines the objectives and priorities and shifts the therapist's workload as required. The therapist plans and carries out individual treatments according to established professional practices, modifying procedures or equipment as circumstances warrant, and determining when each person has reached maximum potential. The work is reviewed in discussions at periodic meetings. The supervisor assures that policy requirements are met and that conclusions reached are appropriate.

At Level 2-4, the supervisor sets the overall objectives to be met and the resources available. The therapist plans and carries out the intervention process for referred individuals and devises or adjusts the approaches and practices to meet intervention objectives. The therapist frequently coordinates with other health care providers concerning total care. The therapist informs the supervisor where treatment is contraindicated or where other issues may result in conflict with other providers. The supervisor is generally apprised of work performed through reports, activity schedules, and occasional discussion of the work with the therapist.

In general, the appellant's workload is determined by Army MEDCOM directives which establish EIS eligibility requirements and optimum caseload. Because the EIS Manager is not a clinician, the

appellant operates with a degree of technical independence in assessing the extent of developmental delay and in constructing and implementing individual intervention plans that is comparable to Level 2-4. However, the appellant's total latitude is limited by the degree of case review provided by the EIS Manager. The EIS Manager reviews all developmental justification reports to determine that the appellant followed established administrative procedures, used the appropriate assessment tool and correctly interpreted the test results. The EIS Manager also reviews all the appellant's Individual Family Services Plans for adequacy and relevance to the developmental deficiency being addressed. In addition, the EIS Manager occasionally sits in on the appellant's interview and therapeutic sessions to determine the appellant's interpersonal and treatment effectiveness. The level of supervision received by the appellant does not fully meet the scope of independence described at Level 2-4, therefore, this factor is evaluated at Level 2-3.

This factor is credited at Level 2-3, for 275 points.

Factor 3 - Guidelines:

This factor covers the nature of guidelines used; and the judgment needed to apply them.

At Level 3-2, therapists select group and individual activities from various alternatives to maintain interest and serve a particular purpose in rehabilitation or maintenance of well-being and health. The therapist makes minor variations in the way activities are carried out to accommodate handicaps.

At Level 3-3, guidelines describe evaluative and compensatory therapeutic techniques and devices or case histories which apply generally, but not specifically, to the diverse sets of conditions involving an individual under treatment. At this level, therapists use judgment in selecting and modifying treatment approaches to meet the needs of each person and to modify the intensity or frequency of activities according to the rate of progress or lack of progress.

Level 3-3 is met. Army MEDCOM regulations determine participation eligibility and the administrative procedures to be followed. There are no specific guidelines governing how individual cases are to be handled. The appellant relies on her education, professional experience, and the information contained in professional literature, to develop an intervention program designed to correct/improve the developmental deficiency. The appellant chooses from a variety of available therapeutic techniques and activities with the potential to most directly impact a particular developmental situation. She modifies the approach based on the individual set of circumstances associated with a particular case. Interventions utilized may include therapies such as speech/physical therapy, group socialization activities, age appropriate exercises and games, and family therapy.

This factor is credited at Level 3-3, for 275 points.

Factor 4 - Complexity:

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and the difficulty and originality involved in performing the work.

At Level 4-2, the therapist performs related procedures in carrying out therapy for general purposes such as socialization, reality orientation, or health maintenance. The therapist decides what needs to be done on the basis of easily recognized functional problems and what the infant or toddler can realistically be expected to accomplish. The therapist encourages and helps the individual to overcome minor obstacles, e.g., subtly assists with parts that are too difficult because of handicapping conditions.

At Level 4-3, each person must be analyzed on the basis of specific physical and/or psychosocial problems; current levels of functioning or coping based on interpretation of one or more measurement tools. This information is used in determining potential for reaching long-range treatment objectives. The therapist varies the type, frequency, and difficulty of goal oriented activities based upon the ongoing analysis of the progress of each person.

Level 4-3 is met. Many of the infants/toddlers referred to EIS for evaluation and therapy have serious medical conditions, in addition to the developmental delays, such as Respiratory Distress Syndrome, Retinopathy of prematurity, Tuberous Sclerosis, Epilepsy, Downs Syndrome, etc. These medical conditions and the limitations they may impose add to the complexity of developing an effective treatment program. The appellant must be cognizant of how these medical conditions impact on developmental progression and construct therapeutic protocols which take those medical conditions into account. In addition, she must frequently assess the progress of each child and adjust treatment plans as necessary.

This factor is credited at Level 4-3, for 150 points.

Factor 5 - Scope and Effect:

This factor covers the relationship between the nature of the work, as measured by the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

At Level 5-3, the purpose of the work is to help each person reach the ultimate potential for independent living using a wide variety of conventional therapy approaches. The work at this level has a direct impact on the person's social, economic and functional well-being.

At Level 5-4, the purpose of the work is to establish program criteria, to evaluate unusual approaches, or to develop occupational therapy guidelines or technical manuals.

Level 5-3 is met. Although when dealing with infants and toddlers, as the incumbent does, it is hard to determine what full potential might be. It is accepted, however, by child development professionals that if developmental delays at this age are not corrected, there is the risk of adverse affects to the child's progress as he/she grows into adulthood. When assessed in terms of the infant/toddler's adult potential, the interventions developed by the appellant have an impact on the person's social, economic and functional well-being.

Level 5-4 is not met in that the appellant is in an operating therapeutic position and is not charged with responsibility to establish program criteria, to evaluate unusual approaches, or to develop therapy guidelines or technical manuals.

This factor is credited at Level 5-3, for 150 points.

Factor 6 - Personal Contacts:

This factor measures face-to-face contacts and telephone dialogue with persons not in the supervisory chain.

At Level 6-2, personal contacts are with individuals, family members, physicians, nursing staff, social workers, psychologists, other therapeutic specialists, and volunteers.

At Level 6-3, contacts also include representatives of the community, with officers in associations for occupational therapy, and with public boards of independent living and community mental health centers.

The appellant's ongoing personal contacts are with individuals, family members, physicians, nursing staff, social workers, psychologists, and other therapeutic specialists as described at Level 6-2. Although she has some contacts with associated professionals within the community, these are not ongoing contacts and do not meet criteria for crediting at Level 6-3.

This factor is credited at Level 6-2, for 25 points.

Factor 7 - Purpose of Contacts:

In General Schedule occupations, the purpose of personal contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, and objectives. The personal contacts which serve as the basis for the level selected for this factor must be the same as the contacts which are the basis for the level selected for Factor 6.

At Level 7-2, contacts are for the purpose of planning and coordinating intervention activities when the persons contacted generally have cooperative attitudes and/or are working toward mutual goals.

At Level 7-3, contacts are for the purpose of motivating people who have problems cooperating in therapy because of learning disabilities, side effects of medication, confusion, senility, depression, or other extenuating circumstances and persuading them to comply with hospital policy and restrictions; influencing and motivating behavioral changes in hostile individuals; or convincing reluctant family members for the need for particular regimens when individuals are discharged.

Since enrollment in the EIS program is voluntary, the appellant's contacts with parents and/or care givers meets the criteria described at Level 7-2. Although the appellant occasionally must deal with parental reluctance to face the potential of developmental impairments affecting their child, parents normally want the best for their child and cooperate with the intervention plan.

This factor is credited at Level 7-2, for 50 points.

Factor 8 - Physical Demands:

This factor measures the requirements and physical demands placed on the employee in performing the work assignment, including the agility and dexterity required, and the extent of physical exertion.

At Level 8-1, the work is typically sedentary, however, there may be some walking, bending, stooping, carrying of light items, driving an automobile, etc.

At Level 8-2, the work requires moderately heavy physical exertion on a regular basis such as assisting a paralyzed person in self-care transfer activities or providing substantial support to individuals in ambulation therapy.

Although the appellant may sometimes be required to assist with lifting and carrying the infants and toddlers during the assessment or treatment program, much of her work is sedentary. The appellant's level of exertion does not meet that described at Level 8-2, and Level 8-1 must be credited.

This factor is credited at Level 8-1, for 5 points.

Factor 9 - Work Environment:

This factor considers the risks and discomforts in the employee's physical surroundings, and the safety precautions required.

At Level 9-1, the work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, and residences or commercial vehicles. The work area is adequately lighted, heated, and ventilated.

At Level 9-2, the work is performed with groups of disturbed or brain-injured individuals. The therapist takes precautions to avoid situations that might trigger destructiveness or abusiveness.

There may be occasional outbursts and in some situations there is exposure to communicable diseases or toxic fumes which requires the use of protective clothing.

For the most part, the appellant’s risks are no more than normal, everyday risks requiring typical safety precautions. Her clients are infants and toddlers who do not pose the level of danger suggested at Level 9-2. She does not provide therapy to individuals with the types of communicable diseases that require protective clothing. She is exposed to the same type of communicable diseases that might typically be found among the general public, e.g., virus, herpes, HIV. Level 9-2 is not met, and Level 9-1 must be credited.

This factor is credited at Level 9-1, for 5 points.

| SUMMARY | | |
|---------------------------------------|--------------|---------------|
| FACTOR | LEVEL | POINTS |
| 1. Knowledge Required By The Position | 1-6 | 950 |
| 2. Supervisory Controls | 2-3 | 275 |
| 3. Guidelines | 3-3 | 275 |
| 4. Complexity | 4-3 | 150 |
| 5. Scope and Effect | 5-3 | 150 |
| 6. Personal Contacts | 6-2 | 25 |
| 7. Purpose of Contacts | 7-2 | 50 |
| 8. Physical Demands | 8-1 | 5 |
| 9. Work Environment | 9-1 | 5 |
| | TOTAL | 1885 |

The appellant’s position warrants 1885 total points which falls within the range for a GS-9, 1855 to 2100 points. Therefore, in accordance with the grade conversion table on page 6 of the standard, her position is properly graded at GS-9.

Decision

The position is properly classified as GS-1701-9 with the title at the agency’s discretion.