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| **CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION** | | | | | |  | PROPOSED | | |
| POSITION DUTY STATEMENT | | |  | | | | | | |
|  | | |  | | | X | CURRENT | | |
|  | | |  | | | | | | |
| **CDCR INSTITUTION OR HEADQUARTERS PROGRAM** | | | **POSITION NUMBER (Agency-Unit-Class-Serial)** | | | | | | **MCR / HCR** |
| Salinas Valley State Prison | | | 936-261-9646-001 | | | | | |  |
| **DIVISION / UNIT** | | | **CLASSIFICATION TITLE** | | | | | | |
| Facility A | | | Facility Captain | | | | | | |
| **WORKING TITLE** | | | | | | |
| Facility Captain | | | | | | |
| **TIME BASE / TENURE** | **CBID** | **WWG** | | | **COI** | |
| Perm/FT | M06 | 4 | | | Yes  No | |
| **LOCATION** | | | **INCUMBENT** | | | **EFFECTIVE DATE** | | | |
| Soledad, CA | | |  | | | October 01, 2022 | | | |
| **CDCR’S MISSION and VISION** | | | | | | | | | |
| **Mission**  We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.  **Vision**  We enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs. | | | | | | | | | |
| **COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION** | | | | | | | | | |
| The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are committed to building and fostering a diverse workplace. We believe cultural diversity, backgrounds, experiences, perspectives, and unique identities should be honored, valued, and supported. We believe all staff should be empowered. CDCR/CCHCS are proud to foster inclusion and representation at all levels of both Departments. | | | | | | | | | |
| **DIVISION OVERVIEW** | | | | | | | | | |
| You are a valued member of the department’s team. You are expected to work cooperatively with team members and others to enable the department to provide the highest level of service possible. Your creativity and productivity are encouraged. Your efforts to treat others fairly, honestly, and with respect are important to everyone who works with you. | | | | | | | | | |
| **GENERAL STATEMENT** | | | | | | | | | |
| Under the general direction of the Associate Warden – Complex I, the Facility Captain is responsible for the security of inmate facility housing units and programs. | | | | | | | | | |
| **% of time performing duties** | **Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.** | | | | | | | | |
| 30%  30% | Plans, organizes, and directs a facility containing inmates in a 270-design facility housing general population inmates in all aspects of program functions, classification, disciplinary, and inmate care. Interprets and carries out the policies of Department of Corrections and the institution. Supervises the maintenance of safe and sanitary living conditions within the Facility.  Supervises and trains custody personnel in all aspects of prison management functions, including; security and escape prevention, classification and disciplinary actions, inmate care, Ad-Seg procedures. Makes determinations on difficult custodial problems and consults with other institutional custody staff for advice and assistance. Is responsible for the oversight of the Enhanced Program Facility Programs, such as Arts in Corrections and Inmate Leisure Time Activity Groups. | | | | | | | | |
|  |  | | | | | | | | |
| 25%  10%  5% | Chairs or is a member of various committees such as classification and/or disciplinary and ensures all decisions reached are consistent with departmental policy and regulations. As a Chairperson of the Unit Classification Committee, organize and conduct classification and other staff meetings for the proper placement of inmates; interview and counsels inmates on their personal problems and selects inmates to be re-interviewed by members of the Classification Committee staff; selectively review pre-release and board reports for the qualitative improvement of case understanding and recording. As the Chairperson of the Unit Disciplinary Committee, conducts disciplinary hearings on CDC 115’s, and ensures that due process is afforded to the inmates.  Prepares employee performance appraisals, initiates corrective personnel action, and performs related tasks. Establishes and maintains cooperative working relationships with other institutional staff; secures trains, supervises and evaluates the work of assistants; and takes or recommends appropriate action.  Serves as Administrative Officer of the Day (AOD). Participates in at least 40 hours of In Service Training annually. | | | | | | | | |
| **SPECIAL REQUIREMENTS** | | | | | | | | | |
| * CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, nonemployees and employees shall be made aware of this. | | | | | | | | | |
| **CONSEQUENCE OF ERROR** | | | | | | | | | |
| * Example: Consequences of error may result in loss of time and could cause significant delays in program production. Such delays can result in inefficient use or misdirection of department resources resulting in the inability to meet efficiency and time line goals, and varying degrees of negative financial impacts to the department. | | | | | | | | | |
| **To be reviewed and signed by the supervisor and employee:**  **EMPLOYEE’S STATEMENT:**   * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **EMPLOYEE’S NAME (Print)** | | **EMPLOYEE’S SIGNATURE** | | | | **DATE** | | | |
|  | |  | | | |  | | | |
| **SUPERVISOR’S STATEMENT:**   * *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION* * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **SUPERVISOR’S NAME (Print)** | | **SUPERVISOR’S SIGNATURE** | | | | **DATE** | | | |
|  | |  | | | |  | | | |