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| **CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION** | | | | | |  | PROPOSED | | |
| POSITION DUTY STATEMENT | | |  | | | | | | |
|  | | |  | | |  | CURRENT | | |
|  | | |  | | | | | | |
| **CDCR INSTITUTION OR HEADQUARTERS PROGRAM** | | | **POSITION NUMBER (Agency-Unit-Class-Serial)** | | | | | | **MCR / HCR** |
| **CALIFORNIA STATE PRISON – LOS ANGELES COUNTY** | | | **398-700-1508-VAR** | | | | | | **1** |
| **DIVISION / UNIT** | | | **CLASSIFICATION TITLE** | | | | | | |
| **CANTEEN** | | | **MATERIALS AND STORES SUPERVISOR I, CF** | | | | | | |
| **WORKING TITLE** | | | | | | |
| **MATERIALS AND STORES SUPERVISOR I, CF** | | | | | | |
| **TIME BASE / TENURE** | **CBID** | **WWG** | | | **COI** | |
|  | **R12** | **2** | | | Yes  No | |
| **LOCATION** | | | **INCUMBENT** | | | **EFFECTIVE DATE** | | | |
| **LANCASTER, CA 93536** | | |  | | |  | | | |
| **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** | | | | | | | | | |
| Canteen Department is responsible for the purchasing, pricing, sales, storekeeping, inmate or ward custody, and related aspects of a canteen operation for correctional institution residents. | | | | | | | | | |
| **GENERAL STATEMENT** | | | | | | | | | |
| Under the direct supervision of the Prison Canteen Manager II and the lead of the Prison Canteen Manager I, the Material and Stores Supervisor I assists in the operation of canteens. Distributes materials and supplies; maintains order and supervises the conduct of inmates, trains and instructs inmates in their work; prepares written appraisals of inmate conduct and productivity. Prevents escapes and injury to staff, inmates and property. Maintains the security of working areas and work materials; inspects canteen and searches inmates for contraband. | | | | | | | | | |
| **% 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.** | | | | | | | | |
| 35%  35%  20%  5% | Operates and maintains canteen sales while providing direct supervision to canteen inmate; supervises the loading of trucks; ensures safe and proper loading of canteen items.  Maintains inventory control; receives and fills orders for canteen goods; prepares material received report and delivers to designated store. Maintains inventory logs; accepts and dispenses orders; restocks store with canteen merchandise and cleaning supplies.  Assists in monthly inventories; trains and instructs inmates in canteen operations. Maintains order and supervises the conduct of inmates; provides work performance reviews of inmate workers; maintains security of working areas; inspects and searches canteens and warehouse areas for contraband; conducts weekly ACA inspections.  Assist other areas such as Support Warehouse, Clothing, RASP, Mail Room, and Medical Warehouse. | | | | | | | | |
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| 5% | Perform administrative duties including, but not limited to: adhere to Department policies, rules and procedures; submit administrative requests including leave, travel, and training in a timely and appropriate manner; accurately report time, and submit timesheets by the due date. Attends in/out service training as required.  **PHYSICAL REQUIREMENTS**  The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.  The following is a definition of the on-the-job time spent in physical activities:  Constantly: Involves 2/3 or more of a workday  Frequently: Involves 1/2 to 2/3 of workday  Occasionally: Involves 1/3 or less of workday  N/A: Activity or condition is not applicable  **Sitting**: Frequently - when keyboarding, using the telephone, keeping logs and records, copying tapes, preparing mail and associated tasks at a desk. There is flexibility for movement on a frequent basis to break sitting with standing and walking.  **Walking**: Frequently - to go to respective work areas or during redirections to work in other areas.  **Standing**: Occasionally - for periods of time to open, file or retrieve documents and to operate various equipment (i.e., copy machine and other office machines).  **Lifting**: Frequently – lifting items weighing a few ounces such as paper, pens staplers, and telephone receiver. Occasionally – lifting boxes weighing up to 50 pounds.  **Carrying:** items listed above may be carried about 15 feet within the office area. Other distances are delivered via vehicle or hand cart.  **Bending/Stooping**: Occasionally to Frequently - may choose this position to reach the lower file drawers, paper stored in a box on the floor, mail located in bins, or similar items. Slight bending at the waist and neck occurs on a frequent basis throughout the day such as needed to bend over the desk to perform paperwork duties.  **Reaching in Front of Body**: Frequently to constantly - when keyboarding, answering telephone, handing papers to staff, filling, copying loading paper in printer or copier, opening drawers and reaching about the top of a desk, handing mail to various departments.  **Reaching Overhead**: Occasionally - to reach files stored on an upper shelf.  **Climbing**: Occasionally - takes flights of stairs into and out to the office each day.  **Balancing**: N/A  **Push/Pulling**: Frequently - to open file and desk drawers and to position the computer keyboard and office chair, moving of bins storing mail, pushing/pulling hand cart during delivery of mail, canteen or clothing merchandise.  **Kneeling/Crouching**: Occasionally - may choose this position to reach the lower file drawers.  **Crawling**: N/A  **Fine Finger Dexterity**: Constantly - when keyboarding, writing notes by hand, taking phone messages and flipping through paperwork.  **Hand/Wrist Movement:** Occasionally - Keyboarding about 1-2 hours a day per day when necessary to complete reports; operating office machines, answering phones, filing, dispensing mail and working with papers an files.  **Hearing/Speech**: Clear speaking and hearing required to answer telephone calls and in performing duties.  **Sight**: Adequate vision is required to review correspondence, mail and files, as well as transcribe reports. | | | | | | | | |
| **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** | | | | | | | | | |
| * 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** | | | |
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| **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** | | | |
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