



Fiscal Year 2025

Things You Need To Know

*Important information for
SCAN's Fiscal Year
10/01/2024 – 09/30/2025*



Things You Need To Know

Fiscal Year 2025

10/01/2024 – 09/30/2025

Introduction

"Things You Need To Know" provides you with a quick reference guide of information you need to be aware of during this next fiscal year that starts October 1, 2024; as it pertains to your role, important touch points with the agency (payroll schedule, holidays, fundraising requirements, etc.)

Keep in mind, this is only a "snapshot" of your role, **please refer to your role description and department SOP's (standard operating procedures) for clarification and more detailed expectations.**

This next fiscal year, we will be focusing on shared accountability for the outcomes of the agency, by creating an impact culture! Everyone in the organization makes an impact!! We will continue our focus on data to drive results:

1. **Collect Data:** Collect program outputs and outcomes; measure awareness and brand recognition, track revenue and operations.
2. **Interpret Data:** analyze data, discuss results, and make decisions
3. **Take Action:** Set goals and objectives, monitor progress, and share results
4. **Enact Change:** mitigate risks, implement action and celebrate and course correct

[Social Sector Impact Culture | Nonprofit Impact Culture | Nonprofit Culture Measurement | Social Impact Architects](#)

The sustainability of the organization is largely dependent on our intentionality to provide high quality services, which happens when we are meeting with our families, ensuring compliance with documentation and having authentic conversations with ourselves, our team, and our collaterals to remove any barriers that hinder our ability to provide quality services. We are all part of the same SCAN team, and we all contribute to the success of the organization!!

Thank you for another year here at SCAN, together we are making a difference, in our agency, in our communities and in NORTHERN INDIANA!

Sincerely~

SCAN Leadership Staff

Index
“Things You Need To Know”
FY 2025
October 1, 2024, to September 30, 2025

| | |
|--|-----------|
| Introduction | 2 |
| Holidays | |
| Remainder of 2024 | 4 |
| 2025 Holidays & All Staff Meetings..... | 5 |
| Dress Code Quick Hints | 6 |
| Overall Performance Information..... | 7 |
| Productivity Requirements | |
| Prevention Outreach..... | 10 |
| Family Connections | 13 |
| Clinical Services | 16 |
| Family Engagement Services | 21 |
| Healthy Families | 23 |
| NHA and Better Futures Clinic | 26 |
| Overtime Policy | 27 |
| Performance Evaluations | 28 |
| Payroll Schedule | 29 |
| Staff Participation in Fundraising Events | 30 |
| Marketing and Communications | 33 |
| Philanthropy Event Calendar & Fundraising Opportunities | 35 |
| Other Incentives | 36 |
| Training..... | 37 |
| Other Annual Requirements..... | 38 |

Receipt for “Things You Need To Know” Booklet is the final page in this booklet.

You will need to Print off the Receipt page, Read the booklet, Sign the receipt, Date it, and Return it to HR via email at hr@scaninc.org.

Holidays & All Staff Meetings Schedule for Remainder Of 2024 Calendar Year

Holidays

| | | |
|---------------|------------------------------|------------------|
| Thanksgiving | Thursday, November 28, 2024 | (Offices Closed) |
| Christmas Day | Wednesday, December 25, 2024 | (Offices Closed) |

Extra Holidays for the Remainder of this year

| | | |
|------------------------|-----------------------------|------------------|
| Day after Thanksgiving | Friday, November 29, 2024 | (Offices Closed) |
| Christmas Eve | Tuesday, December 24, 2024 | (Offices Closed) |
| Days after Christmas | Thursday, December 26, 2024 | (Offices Closed) |
| | Friday, December 27, 2024 | |

*** Since these are around the holidays, I would be sure to plan for our clients to celebrate with their families the week prior, before or after the holidays!*

All Staff Meeting

Tuesday, October 29, 2024
9:15am – 4:30pm
Parkview Mirro Center for Research & Innovation
10622 Parkview Plaza Drive
Fort Wayne, Indiana 46845

Holidays & All-Staff Meetings For 2025

Holidays

New Year's Day – Wednesday, January 1, 2025

Martin Luther King, Jr. Day – Monday, January 20, 2025

Float Day – This is to be utilized during the fiscal year; no later than September 30, 2025.

Memorial Day – Monday, May 26, 2025

Juneteenth- Thursday, June 19, 2025

Independence Day – Friday, July 4, 2025

Labor Day – Monday, September 1, 2025

Thanksgiving Day – Thursday, November 27, 2025

Day after Thanksgiving Day – Friday, November 28, 2025

Christmas – Thursday, December 25, 2025

All-Staff Meetings

All Staff Meetings are Mandatory.

All Staff Meetings will be held in:

- ☐ Spring: Friday, April 18, 2025
- ☐ Fall: 2025 – Date TBD

SCAN Dress Code Quick Hints – FY2025

SCAN, Inc. has a traditional business casual attire dress code. Employee appearance contributes to SCAN, Inc.'s culture and reputation. Employees are expected to present themselves in a professional manner, with regard to attire, personal hygiene and appearance that results in a favorable impression by clients, customers, suppliers, Board of Directors, and the community at large. As part of that effort, SCAN, Inc. requires employees to maintain a neat, hygienic, and clean appearance that is appropriate for the workplace setting and for the work being performed.

The following list is a guideline of appropriate and inappropriate attire under the dress code policy. The policy is not exhaustive in defining appropriate and inappropriate standards of dress, hygiene and appearance, and staff must use common sense in adhering to the principles underpinning the policy. Executive Leadership, VP's, Directors, Managers or supervisors may determine if an employee is dressed inappropriately for the workplace within the dress code policy.

Appropriate business casual dress

| | |
|--|---|
| <ul style="list-style-type: none">• T-Shirts (no graphics) | <ul style="list-style-type: none">• Capri Pants (below the knee) |
| <ul style="list-style-type: none">• SCAN, Inc. T-shirts | <ul style="list-style-type: none">• SCAN, Inc. Logo Wear |
| <ul style="list-style-type: none">• Polo Shirts | <ul style="list-style-type: none">• Dresses or Skirts (knee length including slits) |
| <ul style="list-style-type: none">• Denim Jeans, Khakis or Pants (no rips or holes accidental or on purpose) | <ul style="list-style-type: none">• Dressy Sandals (excluding client's homes) |
| <ul style="list-style-type: none">• Good personal hygiene: maintaining personal cleanliness and appropriate oral hygiene to minimize body odors. | <ul style="list-style-type: none">• Casual shoes including clean athletic shoes |

Inappropriate business casual dress

| | |
|--|--|
| <ul style="list-style-type: none">• Shorts | <ul style="list-style-type: none">• Sweatpants & Sweatshirts |
| <ul style="list-style-type: none">• Logo Clothing (sport teams, cartoon characters, words, etc.) other than company logo | <ul style="list-style-type: none">• Leggings or pajama pants |
| <ul style="list-style-type: none">• No open toe shoes (in client homes) | <ul style="list-style-type: none">• Tight, revealing or otherwise inappropriate clothing |
| <ul style="list-style-type: none">• Sleeveless tops (un-dressy and cut offs), halter tops or tank tops | <ul style="list-style-type: none">• Athletic wear |
| <ul style="list-style-type: none">• Clothing that is ripped, frayed, stained or messy | <ul style="list-style-type: none">• Flip-flops |
| <ul style="list-style-type: none">• Uncovered offensive or inappropriate tattoos | <ul style="list-style-type: none">• Offensive colognes or body odor |

All employees are expected to comply with this dress code in a manner consistent with their gender identity and expression. **(See dress code policy in HR policies and procedures for further guidance)**

Overall Performance Information

for Fiscal Year 2025

10/01/2024 – 09/30/2025

Should salary increases/bonus/incentive dollars become available at the end of this fiscal year the following criteria will be used to determine these increases:

A. All Staff Members

Annual performance reviews are due during the month of November, at the end of SCAN's fiscal year, for all employees. You must have received an overall rating of "Meets Performance Requirements" or better on your most recent performance review in order to be eligible for a salary increase/bonus/incentive of any kind.

If an employee is hired prior to July 1st, the supervisor will complete a 90-day review after the employees start date, and again during the yearly evaluation timeframe.

If an employee is hired after July 1st, the supervisor will complete a 90-day review, and that review will account for their annual evaluation.

Your eligibility status *may* be determined at the beginning of each measurement period: October 1 – March 31 and again from April 1 – September 30. If an employee's overall performance rating is "Improvement Needed" or "Not Meeting Performance Requirements," no salary/bonus/incentive increase will be awarded at that time. The eligibility requirement for receiving additional income will be stated and defined in the corrective action plan to bring performance up to an acceptable level.

You must be an employee in good standing in order to receive additional income. An employee "in good standing" is defined as:

- ☐ Meeting or Exceeding Expectations on Performance Evaluation
- ☐ Not be in Step 2: Contact Notice in the disciplinary steps

All salary/COLA (cost of living) increases will be added into your base salary. It will not be a check—it will increase your salary. All bonus/incentive dollars will be accrued during the fiscal year and paid out at the end of the fiscal year.

To be eligible for a quarterly bonus/incentive, you must be employed and off probation at the start of the first day of that quarter.

The SCAN Board of Directors may wish to issue a COLA (cost of living adjustment); if this occurs, an employee must be off probationary status to receive the cost-of-living increase. If the employee was hired, prior to the start of the new fiscal year (prior to October 1st), then the employee may be eligible for the COLA increase when the employee's probationary

period is completed. If an employee is on probationary status at the time the COLA is distributed, the employee will be issued the COLA increase after the employee and their respective supervisor complete their 90 probationary evaluation and agree that the employee meets and/or exceeds performance expectations: ending the employee's probationary period.

The SCAN Board of Directors may wish to issue a salary merit increase; if this occurs, an employee must be off probationary status and be employed by the start of the last quarter of the fiscal year (July 1st).

You must be an employee in good standing in order to receive additional income. An employee "in good standing" is defined as:

- ☐ Meeting or Exceeding Expectations on Performance Evaluation
- ☐ Not be in Step 2: Contact Notice in the disciplinary steps

B. Full-Time & Part-Time Support Staff & Non-Program Staff (As Defined by the CEO)

Support Staff whose salary/bonus/incentive income is based on specific program performance will receive additional incomes as scheduled if the program(s) in which they work meets their productivity goals for the measurement period and if the support staff member is an "employee in good standing" as defined above in Section A.

Resource Development staff raises will be based on revenue dollars as outlined in the Resource Development plan in the FY25 budget (except for Capital.); earning 90% of the total goal.

Staff who fall into the Category of Overall Agency Performance will receive a pay increase as scheduled if 85% of all programs meet their productivity goals for the measurement period, if 90% of agency fundraising goals are met during the measurement period, and if the support staff member is an "employee in good standing" as defined above in Section A.

C. Full-Time & Part-Time Program Staff

Program staff is defined as anyone who works in, or is responsible for, a program area with clients or participants. This includes Administrators, Managers, Supervisors, and front-line workers. You will have an opportunity to earn additional income, in the form of a raise/bonus, if you have met all of your scorecard requirements, are an employee in good standing, and has a meets or exceeds on your performance evaluation.

- If you are a manager, you are responsible for your program and your scorecard will be reflective of the following: productivity (budget), outcomes, outputs and quality assurance goals for the measurement period are met.
- If you are a Director/VP/COO/Controller you are responsible for your programs/areas your scorecard will be reflective of the following: make the productivity (budget), outcomes, outputs and quality assurance goal(s) for the

measurement period.

- The CEO will receive an increase if all programs make the goals listed above for the measurement period.

Staff who are on an approved leave of absence are eligible to receive a pro-rated pay increase for the period of time they are actively at work during the data collection period. There are no other exceptions.

- All normal Human Resource Policies & Procedures will be adhered to during this process.
- All productivity requirements are subject to change depending upon the needs of the agency.
- The amount of additional income for each fiscal year must be approved by the Board of Directors.

As always, raise/bonuses/incentives and COLA are subject to the financial stability of the agency.

Prevention Outreach Regions 3, 4, & 6

Staff Expectations FY 2025

10/01/24 – 9/30/25

Prevention Outreach Coordinators and Prevention Manager

Productivity

- The Prevention Manager will schedule for the Prevention Outreach Coordinators free educational presentations to a targeted number of people that is specific to their region and shows a 3% increase from the prior year.
 - Region 3 Target: 6,605 people reached at educational presentations.
 - Region 4 Target: 10,782 people reached at educational presentations.
 - Region 6 Target: 5,933 people reached at educational presentations.
- Prevention Outreach Coordinators will represent SCAN at Community Events to engage the communities we serve and provide information about SCAN services.
- The Prevention Manager will schedule Community Events for the Prevention Outreach Coordinators to interact with 4120 people in regions 3, 4, 6 during FY 2025.
- Prevention Outreach Coordinators are also responsible for the successful planning and execution of multiple community events.
- Each Prevention Coordinator will meet quarterly with identified community agencies to educate and coordinate referrals to the Community Partners Program and/or other SCAN services. The Outreach Coordinator will organize PCA Council meetings Chartered by SCAN. If not chartered by SCAN, the Outreach Coordinator will participate in all county meetings. If no county has the Charter, the Outreach Coordinator will work to obtain and execute a Charter for that County.
- Will attend assigned community meetings each month (these include interagency, systems of care, and task force meetings)

Quality

- Prevention Outreach Coordinators will be observed presenting by the team lead a minimum of twice a year.
- Prevention Outreach Coordinators will receive an 80% satisfaction score or above on surveys completed by those attending educational presentations.

Outreach Supervisor

Productivity

- Responsible for the successful planning and execution of multiple events either through Community Partners and/or FRC funds.
- Participate and/or assist leading in PCA work in counties.
- Will effectively implement Standards of Quality.
- Work with team to ensure the regional plan is executed and CP prevention work is communicated and spread throughout region.
- Will attend assigned community meetings each month (these include interagency, systems of care, and task force meetings).
- Oversee the program development and marketing of the FRC.

- Maintain data/tracking for services, events, and PCAs regarding KPIs, PQI, Audits, and Scorecards.

Quality

- Ensure staff meet productivity and quality measures.
- Observe presentations of Prevention Outreach Coordinators a minimum of twice a year.
- Observe FRC client interaction quarterly.
- Review surveys completed, share results with staff, and assist staff in areas of professional development.

Prevention Manager

Productivity

- Observe presentations of Prevention Outreach Coordinators a minimum of twice a year.
- Collect 80% of presentation surveys.
- Review and analyze regional feedback to make recommendations and assist with developing approved topics.
- Provide back-up to Outreach and FRC staff to meet productivity and quality goals.
- 3% growth in new schools, new topics, or new community presentations.
- Attend assigned community meetings each month.

Quality

- 100% of events will be prepped and materials given to attendees at least 1 day prior.
- Collect data on presentations and events for monthly impact newsletters and scorecards.
- Training new staff on curriculum and ensuring training expectations are met.
- Respond to training emails within 48 hours.

Family Resource Center (FRC) Community Navigator

Productivity

- 80% of families that visit the FRC will complete an intake to assess needs.
- Maintain daily function of the FRC to be able to meet community needs.
- Attend community meetings to educate and coordinate referrals to the FRC, Community Partners Program, and/or other SCAN services.
- Provide back up to provide free educational presentations when the Prevention Team Lead schedules for the Prevention Outreach Coordinators.
- Provide back up to Prevention Outreach Coordinators who represent SCAN at Community Events to engage the communities we serve and provide information about SCAN services.
- Region 4 FRC will meet grant tracking measures.
- Region 4 FRC, offer all eligible families with children in the timeframe an ASQ and increase the completion of the ASQ's by 25% in the 2nd grant year.
- Region 4 FRC, 40% of families will be referred to CP or HF services.

Quality

- 85% of families that identify a need will be connected to a service or support to meet that need.
- 75% of families who visit the FRC will complete a post visit survey.
- Community Navigators are also responsible for assisting with the successful planning and

execution of multiple FRC events and assisting in other SCAN community events.

- 100% of case notes submitted by staff within 48 hours of service.

Director

- Meet monthly with LOD and provide minutes of meetings.
- Annual site audit for all sub-contractors completed and POC is implemented if needed.
- All FRC's performing in parity with Strengthening Families Standards.
- Project plans for each county are up-to-date and being executed in conjunction with LOD's and/or Regional Manager in reach region.
- Meet and coordinate with Director of Family Engagement Services to review the CP budget. Monthly meetings with Accounting and Director of Family Engagement to ensure balancing with all parties.
- Ensure all Community Partner outcomes are met.
- PCA implementation is on track and outcomes identified by counties are noted.

Family Connections

Staff Requirements FY 2025

10/01/2024-09/30/2025

Class Facilitator

- **Productivity**
 - AAP Conflict Class will be offered Quarterly.
 - New Parenting Partnership (NPP) will be offered upon request.
 - Pop Class will be offered Quarterly.
- **Quality**
 - 95% of participants will report having learned a new skill when completing their class.

Family Connections Worker (FCW) / Family Connections Therapist

- **Productivity**
 - FCW and Therapist will provide 60% of their total hours worked per month to direct billable service.
 - Case notes will be submitted within 7 days for SPT and TSPT services.
 - Case notes will be submitted within 48 hours for DV/BIP/FCCS services.
 - SPT forms will be turned in by Monday at 9am
- **Quality**
 - 95% of families will rate services satisfactory or above.
 - 100% of families will have case-notes and court reports filed with the court when requested.

Family Connections Program Supervisor

- **Productivity**
 - Supervisor along with FCW and FC therapists will teach classes as requested.
 - Ensures that FCW meet productivity goals.
 - Supervisor will oversee Intake, Social History, and case assignment of court orders with valid contact information (and cooperation) within 7 days.
- **Quality**
 - 95% of families will rate services satisfactory or above.
 - 100% of families will have case-notes and court reports filed with the court when requested.
 - Case notes will be approved within 7 days of submission.

Family Connections Manager

- **Productivity**
 - Clinical Manager along with Supervisor will ensure and support productivity goals of FCW and FC therapists.
 - Ensures that Supervisor meets productivity goals.

- Manager will oversee Intake of Insurance/Wrap-Around services and case assignment along with the Clinical Departments Manager and Supervisor
- Manager will oversee data collection and program development needs.

- **Quality**

- Manager will oversee the program development and marketing of DV/BIP, Insurance, and Wrap-Around services, maintain data/tracking for Family Connections services regarding KRA's, PQI, Audits, and Scorecards.
- 95% of families will rate services satisfactory or above.

DV Victim Services

- **Productivity**

- FCW and Clinicians will provide 60% of their total hours worked per month to direct billable service.
- Case notes will be submitted within 48 hours of the session/group.

- **Quality**

- 95% of families will rate services satisfactory or above.
- 100% of families will have attempted contact within 24 hours.
- 100% of DCS families will have case notes submitted within 48 hours.
- Initial Safety assessment will occur within 24 hours of referral or after client has been located 100% of the time.
- 100% of DV service plans, safety plans and comprehensive assessments are completed and uploaded into CaseWind and KidTraks within 10 days of initial Face to Face Contact
- 100% of DV clients will report an increased knowledge of the effects of DV on children.

Batterers Intervention Program

- **Productivity**

- BIP group will be offered on a rolling enrollment basis.
- Group will be offered at minimum 1 time a week.

- **Quality**

- 100% of client and provider contact is attempted within 72 hours of referral.
- 100% of participants will sign a contract to follow the policies and procedure as outlined by ICADV.
- 100% of clients will have a signed participant's contract.
- 100% of clients will have the opportunity to attend group within 15 days of their intake appointment.

Counseling Services

- **Productivity**

- Clinicians will provide 60% of their total hours worked per month to direct billable services.
- Case notes will be submitted within 48 hours.

- **Quality**

- 100% of clients will have a Comprehensive Assessment uploaded within 10 days of Intake
- 100% of clients will have a treatment plan completed within 30 days of first face to face with the assigned clinician and updated every 90 days

| Case Assignment to ensure 23 Face to Face Hours | | | |
|---|----------------------------------|---|--------------------------|
| # of Comprehensive Cases | Comprehensive Face to Face Hours | DV, HBFCT, Counseling, Medicaid/Insurance | Total Face to Face Hours |
| 0 | 0 | 23 | 23 |
| 1 | 5 | 18 | 23 |
| 2 | 10 | 13 | 23 |
| 3 | 15 | 8 | 23 |
| 4 | 20 | 3 | 23 |
| 5 | 25 | 0 | 25 |

*This chart is regarding the Face-to-Face hours that full-time clinicians must get each week.

Clinical Services
Staff Expectations
FY25
10/01/2024 - 09/30/2025

Clinical Services and Caseloads

Clinicians provide various types of services, including Comprehensive Services (Family Preservation Services, Family Centered Treatment, Intensive Foster Care Services and Trauma Focused-Cognitive Behavioral Therapy), Home Based Family Centered Therapy, Counseling Services, Domestic Violence Services, Insurance/Medicaid referrals, and Therapeutic Visits. Clinicians serving predominately cases funded by the Department of Child Services may carry between 5 and 12 active cases depending on the mix of caseload. FCT certified clinicians, if serving FCT cases only, may carry between 4- 5 FCT cases. The case number will be based on the amount of time spent with families, ensuring a total of 23.0 face-to-face hours.

If predominately carrying insurance/Medicaid and TSPT cases, your number of cases would total 23.0 face-to-face hours.

Productivity

The weekly expected face-to-face client hours for Clinicians are:

- Full-time staff is 23 face-to-face client hours per week.
- Part-time staff is 60% face-to-face client hours per week.

Face to Face weekly expectations will be reviewed weekly allowing staff to plan any make up Face to Face within the month while remaining in good standing.

Since most clinicians are salaried employees, they do not need to follow the overtime rule of .75 face to face hours for every hour of overtime. If a clinician provides more face-to-face hours, then the required 23.0 in each week, then the clinician is eligible for variable pay for each 1.0 hour that is above the required 23.0 face-to-face hours. (See variable pay policy).

Onboarding Productivity Requirements

Due to contract requirements including required background and security checks, staff are not released to serve cases without these approvals. Therefore, Face to Face requirements begin the week following receiving approval (greenlight) to serve cases and/or completion of training. Face-to-face expectations for newly hired staff are adjusted after the first four (4) weeks of case assignment. The adjustment is as follows:

- Week 5, 25% of expected face-to-face client hours per week.
- Week 6, 50% or expected face-to-face client hours per week.
- Week 7, 75% of expected face-to-face client hours per week.
- Week 8, 100% of expected face-to-face client hours per week.

Productivity Measures for Supervisors

Supervisors will be responsible for ensuring that the team meets productivity and all quality measures; as well as adherence to the evidence-based models being utilized in service delivery.

Quality Assurance Contacts and Observations

- In Person Observations/Shadowing:
 - For new staff: Supervisor shadows staff 3x in the first 90 days of first case assigned.
 - For all staff: Supervisor shadows staff a minimum of 2x per year for full time and part time.
- QA Phone Calls with Clients:
 - For all staff: Supervisor will do 1 client contact (call, text, in person) per staff per quarter.
- RAC Contacts:
 - Supervisor will do 1 RAC contact, ideally a call, per staff per quarter.

Quality Measures

Quality Measures for Clinicians (full & part time)

- Documentation:
 - 100% of families will have a written treatment plan submitted for review within 25 days from the first face-to-face contact with the client.
 - 100% of families will have monthly written reports prepared and sent to their current supervisor by the 3rd of the month following services.
 - Case notes are due within 24 hours of the service provided for FCT services and 48 hours for all other services.
 - 100% of families will have a written treatment plan update within 90 days if in the following service lines: HBFCT, Counseling, DV, and Supervised Visitation.
 - 100% of Insurance and Medicaid intakes will have a diagnosis and plan that will be reviewed and signed by a fully licensed clinician.
- Client Contact and Service Provision:
 - 95% of individuals/families referred will have face to face contact with staff within 48 hours of receipt of the referral.
 - 95% of insurance/Medicaid clients will be contacted within 48 hours to schedule intake or be notified that they are placed on a waiting list when necessary.
 - 90% of cases will meet the expected hours of direct service per the DCS Service Standard.
- Family Centered Treatment Services:
 - Full time clinicians will be certified in FCT within 1 year from their hire date.

- 90% of FCT cases will be in the appropriate phase of treatment with required fidelity documents completed by the families.
- FCT cases will have an average 5 hours or above per week of service delivery per the monthly FCT tracker.
- 100% of the cases will have a written treatment plan update every 30 days, denoting progress on the identified area of family functioning.
- 100% of the cases will be compliant with all fidelity measures to ensure compliance with the evidenced-based practice.
- Family Preservation Services:
 - 100% of FPS cases will have an initial assessment to DCS within 7 days of referral. (KRA)
 - 100% of FPS cases will have a safety plan and safety goal documented on the treatment plan. The safety goal will be reviewed and updated regularly (1 time per month) and sent to DCS each month with monthly report.
 - 100% of FPS cases will have a Protective Factors Survey completed within 30 days of referral start date and every 3 months after the initial survey.
 - 100% of the cases will have treatment plan submitted for review within 25 days from the first face-to-face contact with the client.
 - 100% of the cases will have a written treatment plan update every 30 days, denoting progress on the identified goals.
- Key Result Area (KRA) Outcome Measures:
 - For FPS Cases: 91% of families who actively engage in treatment for at least 3 months will not be subject of a new substantiated report of abuse or neglect during service provision.
 - For FCT Cases: 90% of the families will be on target with the phase of treatment and complete the services within 6 months of initiation of the referral.
 - 90% of all individuals/families (non HBCW/Visits) that were intact prior to the initiation of service will remain intact throughout the service provision period.
 - 85% of all families will complete at least one goal.
- Individual Scorecards will be completed by supervisor and reviewed with staff monthly. These scorecards will record identified outcome measures.

Quality Measures for Supervisors

- Supervision and Quality Assurance:
 - Supervisors will document and provide supervision according to DCS standards.
 - 100% of QA and Observation/Shadowing expectations will be met as outlined above.

- Supervisors will ensure 100% documentation compliance from file audits for all cases under their supervision.
- Documentation:
 - 100% of families will have a written treatment plan prepared and sent to the current Referral Agency Coordinator within 30 days from the first face-to-face contact with the client.
 - 100% of Insurance/Medicaid clients will have a signed diagnosis and plan and uploaded within 5 days of the intake.
 - 100% of families will have monthly written reports prepared and sent to Referral Agency Coordinator by the 10th of the month following services.
- Client Contact and Service Provision:
 - 95% of individuals/families referred will have face to face contact with staff within 48 hours of receipt of the referral.
 - 90% of cases will meet the expected hours of direct service per the DCS Service Standard.
- Family Centered Treatment Services:
 - Full time clinicians will be certified in FCT within 1 year from their hire date.
 - 95% of FCT cases will be in the appropriate phase of treatment.
 - FCT cases will have an average 5 hours of service delivery or above per week noted in the monthly FCT tracker.
 - 100% of the cases will have a written treatment plan update every 30 days, denoting progress on the identified area of family functioning.
- Family Preservation Services:
 - 100% of FPS cases will have an initial assessment to DCS within 7 days of referral (KRA).
 - 100% of FPS cases will have a safety plan and safety goal documented on the treatment plan. The safety goal will be reviewed and updated regularly (1 time per month) and sent to DCS each month with monthly report.
 - 100% of FPS cases will have a Protective Factors Survey completed within 30 days of referral start date and every 3 months after the initial survey.
 - 100% of the cases will have treatment plan submitted for review within 25 days from the first face-to-face contact with the client.
 - 100% of the cases will have a written treatment plan update every 30 days, denoting progress on the identified goals.

- Key Result Area (KRA) Outcome Measures:
 - For FPS Cases: 91% of families who actively engage in treatment for at least 3 months will not be subject of a new substantiated report of abuse or neglect during service provision.
 - For FCT Cases: 90% of the families will be on target with the phase of treatment and complete the services within 6 months of initiation of the referral.
 - 90% of all individuals/families (non HBCW/Visits) that were intact prior to the initiation of service will remain intact throughout the service provision period.
 - 85% of all families will complete at least one goal.
- Manager Scorecards will be completed by the CEO and reviewed with each Manager monthly. These scorecards will record identified team outcome measures.

Family Engagement Services

Staff Expectations FY24

10/01/2024 - 09/30/2025

Productivity Expectations

Family Engagement Assessment Specialist

Full-time staff will provide **23 hours** per week of face-to-face time with families. Staff will be trained in all service lines and will have the ability to serve Community Partners, Homebased Casework, Homemaker, Fatherhood Engagement, Supervised Visitation, and comprehensive services (FCT, FPS, TFCBT, Intensive Foster Care Services). Face to face hours can only be achieved through face-to-face time spent with families (short term, assessment, ongoing, successful drop by, etc.). Travel time will not be counted as face to face for drop by visits and attempted drop by visits for new Community Partners Referrals.

CP Outreach services workers will not have a F2F requirement but will be required to maintain a 5-day contact goal for Outreach services.

Family Engagement Specialist

Full-time staff will provide **23 hours** per week of face-to-face time with families. This includes the services of: Community Partners, Homebased Casework, Homemaker, Fatherhood Engagement, Supervised Visitation, comprehensive services (FCT, FPS, TFCBT, Intensive Foster Care Services).

For all Engagement Specialists

For staff who are hired for part time positions the face-to-face time will be 60% of the number of hours worked per week.

Face-to-face time should be reviewed weekly in supervision to ensure that barriers can be addressed, and plans can be created to achieve these goals.

The ramp up schedule is below for new hires:

| week | Percent of goal | FT staff |
|------|-----------------|----------|
| 5 | 25% | 5.75 |
| 6 | 50% | 11.5 |
| 7 | 75% | 17.25 |
| 8 | 100% | 23 |

Supervisors

Supervisors will ensure that the team meets their productivity measures, supports and prepares their staff for successful outcomes.

Quality Expectations

Assessments

- 90% of referred families will be contacted within five (5) business days of referral.
- 50% of referrals to CPCS will engage in Direct Services. Direct Services are defined as having a

face-to-face contact, a signed family consent form, a completed initial assessment, and at least one identified goal.

- 90% of families accepting services will have a minimum of short-term service that consists of at least one referral to a community partner and/or community resource.
- 95% of the families participating in Direct Services will have a service plan that identifies at least one (1) but not more than three (3) goals.

Ongoing Families:

- 100% of monthly reports will be submitted by the 3rd of the month.
- 100% of case notes submitted by staff within 48 hours of service.
- 95% of families will have attempted contact or the RAC/referral source notified of attempts within 48 hours with evidence entered into CaseWind/Enlite
- 95% of all families will complete at least one goal.
- 95% of services will have the initial treatment plan or goal plan signed and entered into CaseWind/Enlite within 30 days of the DOFC (at the time of enrollment for CP families).
- 100% of all services will utilize an Evidence Based Practice
- 100% of case management services will have a NCFAS completed within 30 days of DOFC (at enrollment for CP families).
- 95% of ongoing families will have a signed, updated treatment plan entered into CaseWind every 90 days.

Supervisors:

- 100% of case notes approved by supervisor within 72 hours of service.
- Ensure the team meets all productivity and quality measures.
- Complete at least 100% of QA observations for the year. Goal: complete QA observations of each of the staff they supervise every six months (Oct-March and April-Sept).
- 3 QAs for every new staff within the first 3 months.
- Supervisors will document and provide supervision according to policies.
- Supervisors will complete 100% of file audits every quarter.
- Supervisors will conduct Quarterly QA calls with at least 2 clients and 1 FCM with evidence and turned into CaseWind. Additional calls will be made as needed.

The above productivity and quality measures will be included in staff score cards, incentives, and annual performance evaluations.

Variable Pay

Variable pay eligibility will be based upon exceeding productivity expectations; therefore, it starts when staff achieve 24 hours of face-to-face time as defined above with no overtime. If overtime is used the productivity expectations increase by .75 with each hour of overtime, in which case variable pay is given after the overtime increase is met. (Example: staff clocks 41 hours, then expectation increases to 23.75 face to face hours. Variable pay is earned only when 25 face to face hours are achieved)

***This includes all staff associated with Community Partners and Family Engagement Services*

Healthy Families
Staff Requirements
FY 2025
10/01/24 – 09/30/25

Family Resource Specialist (FRS)

Productivity

- 100% of billables are met, monthly (15).
- No billable units are required from hire through the first full month of employment during training.
 - Month 2 – 5 FROGs due.
 - Month 3 – 10 FROGs due.
 - Month 4 – 15 FROGs due.

Quality

- FROG documentation completed and recorded within 48 hours (high risk within 24 hours).
- 100% of Interpersonal Violence (IPV) questionnaires are completed at the welcome visit, with exceptions for safety issues.
- 100% of positive IPVs have a referral and safety plan offered/completed.
- 100% of Edinburgh Postnatal Depression Scales (EPDS) are completed at the welcome visit, with exceptions for refusal.
- 100% of EPDS scoring 10+ and/or scoring on question #10 have a referral and safety plan offered/completed.
- 35% of eligible families screened will agree to a welcome visit.
- 100% of referrals are contacted within five (5) business days.
- 75% of assessments will agree to long-term home visitation services.
- Four (4) times a year, FRS will attend a community event or reach out to a community partner (non-hospital) to promote the program.
- FRS will attend four (4) hospital meetings/year with the FRS supervisor to promote the program.
- Two exemptions a year for vacations/time off (must be 5 consecutive days within a month).

Family Support Specialist (FSS)

Productivity:

- 100% of billables are met, monthly (caseload).
- No billable units are required from hire through the first full month of employment during training.
- Staff caseloads are built, progressively, up to the standard of 30 points, keeping in mind staff hire date, experience, training, additional duties, etc.
 - Caseloads will not exceed 25 points for fully non-English speaking caseloads with FSS as a native language speaker or FSS as a non-native language speaker with a diversified caseload, using translation services, equaling at least half of families served by the FSS.
 - Caseloads of level 1s (most intensive level) will not exceed 12 families.
 - Caseloads will not exceed 30 points with the exception of staffing issues, coverages, program needs, etc.

Quality:

- 80% of families receive at least 75% of the appropriate number of home visits based on the level of service to which families are assigned, as reported by the database.
- 90% of CHEERS Check-In Tools (CCI) will be completed with focus children a minimum of twice per year. CHEERS are documented on 100% of required visits.
- 90% of focus children will have an Ages and Stages Questionnaire (ASQ-3, ASQSE-2) completed a minimum of twice per year.
- 80% of focus children will have a medical/health care provider.
- 80% of focus children will have up to date immunizations at one (1) year of age and two (2) years of age.
- 80% of primary caregivers, will be screened for depression using the Edinburgh Postnatal Depression Scale (EPDS) prenatal (if enrolled), at 6 weeks and 6 months of the birth of the focus child. This includes screening subsequent pregnancies/births.
- 100% of IPVs are completed at intake/consent for services and annually within 30 days before or after annual consent date.
- 100% of positive IPVs will have a referral and safety plan offered/completed at the time of notification/observance or within 24 hours (per policy).
- 90% of HFPIs will be completed within expected timeframes.
- 85% of families on a caseload will have income information up to date.
- 60% of HFPIs will show improvement. *Data is reported and shared for programmatic purposes with individual family interventions created and monitored for areas of concern/red flags without progress by supervisor and FSS via supervision and FSP.*
- 100% of home visit report documentation is completed within 72 hours.
- Two exemptions a year for vacations/time off (must be 5 consecutive days within a month).

Supervisors:

- 90% of required weekly, individual supervision, for a minimum of 1.5 hours, will be provided to all direct service staff.
- 100% of initial Family Service Plans (FSP) will be initiated within 30 days of consent with strategies entered for each scoring section of the FROG.
- 100% of FSPs will have documentation updates based on family concerns and level.
- 90% of FSS documentation is reviewed within 15 working days of home visit data entry.
- 100% of FRS documentation is reviewed within three (3) working days of assessment unless high risk, then reviewed within 24 hours.
- Complete a minimum of one Quality Assurance visit with each staff every 6 months, per DCS chosen families.
- Cover supervision at least four (4) times per fiscal year.
- Three (3) times/fiscal year, FSS supervisors provide support to FRS team (FROG review).
- Join and participate on a minimum of one HFI state committee or other committee if HFI position unavailable (First Steps, etc.).
- Attend at least one (1) community outreach event within the fiscal year.
- Team meets productivity and quality requirements.

Program Director:

- Oversee and ensure successful accreditation every 4 years.
- Ensure HFA Best Practice Standards are met per HFA/HFI guidelines.
 - Plan for improvement following state site visit.
 - Training plan and follow up for staff based on input at visits.
- Program meets all productivity and quality standards.
- Creation, frequent review, and completion of Equity Plan, QA/QI plan, and annual review.
- Measure acceptance, annually, analyze every 2 years.
- Measure retention, annually, analyze every 2 years.
- Provide monthly supervision to supervisors.
- Provide quality oversight with debrief (shadow) of a supervision session of all supervisors at least one time a year.
- 100% of ASQ delays are tracked and monitored.
- Expend budget within 99%-100.25%.
- Oversee Advisory Committee process.
- Attend program manager and leadership meetings.
- Provide quarterly report/summary of scorecards and areas needing improvement.

Outreach:

- Timely tools/data entry within mid-month or end of month timeframes.
- Timely scanning and uploading documentation into appropriate areas of database and within database back up file.
- Timely scanning and uploading of FSSA authorizations with follow up on returned information.
- Quarterly updates of HF Training Tracker.
- QA file review completed every 6 months – two (2) families per staff.
- QA calls completed every 6 months – one (1) family per staff.
- BookStart-375 books distributed per month.
- Quarterly report of BookStart Key Performance Indicators (KPI).
- Quarterly Advisory Committee communication, planning, preparation and recording of minutes.

Neighborhood Homes and Apartments

Staff Requirements

FY 2025

10/01/24 – 09/30/25

Productivity

- 60% of staff time working in NHA for the week will be spent face to face with participants.
- 1 newsletter will be sent monthly to all 12 homes with financial education and resources as well as contact information.

Quality

- Every participant will have a minimum of one attempted contact per month.
- 100% of participants receiving rental assistance will have:
 - Minimum of 1 monthly home visit
 - A current budget
 - A goal plan for sustainability
 - Documented referrals and curriculum plans

Better Futures Clinic

Staff Requirements

FY 2025

10/01/24 – 09/30/25

Productivity

- Every referred family who no shows or cancels will have at least 2 attempted contacts outside of their scheduled appointment.
- 60% of staff time working in daybreak for the week will be spent:
 - Engaging Clinic Families
 - Time spent at the clinic for appointments.
 - Providing resources and follow-up for families
 - Time spent completing home visits as needed for families to achieve goals and be connected to resources in the community.
 - Engaging Medical Providers
 - Meeting with the Clinic staff to discuss families and their needs.
 - Coordinating services and supports for families seen or to be seen at the clinic.

Quality

- 100% of families seen at the clinic will be given at least one resource in the community.
- 90% of families who have 3 or more contacts outside of the clinic visit will have an established goal.
- 90% of families with an established goal will successfully complete their goal.

Overtime Policy

FY25

Overtime:

- For every hour of Overtime, there needs to be a .75 hour of billable time. Overtime will ONLY be approved when attached to a billable service delivery. An exception will be made for fundraising or community engagement hours. For more information, go to Page 31.

Performance Evaluations

FY25

10/01/2024 – 09/30/2025

An employee's immediate supervisor will provide each employee a performance evaluation on an annual basis covering the Agency's Fiscal Year, October 1 – September 30 of each year. Performance appraisals shall take into consideration the employee's work performance as established through the following sources:

- Job description
- Scorecard Results consisting of the following:
 - Productivity requirements
 - Documentation due dates
 - Compliance timelines with contractual obligations
- Predetermined program and job objectives
- Grant requirements

Any wage increases or bonus/incentive plans are based upon job performance as measured via performance evaluations, productivity requirements, meeting, or exceeding program outcomes/outputs and/or other performance job criteria as identified annually by the administration.

In addition, an employee must be in "good standing" to be eligible for a salary increase. An employee in "good standing" is defined as someone who:

- meets or exceeds expectations on their most recent performance evaluation.
- has not progressed beyond step 2: verbal step in the disciplinary process.

Wage increases and/or additional income are not automatic. Yearly budgetary concerns are always taken into consideration.

If you have any questions, please refer to Human Resource Policies or check with your supervisor.

FY2025 Payroll Schedule

| WORK DAYS | WORK DAYS | PAY DATE |
|-----------|-----------|----------|
| 09/15/24 | 09/28/24 | 10/04/24 |
| 09/29/24 | 10/12/24 | 10/18/24 |
| 10/13/24 | 10/26/24 | 11/01/24 |
| 10/27/24 | 11/09/24 | 11/15/24 |
| 11/10/24 | 11/23/24 | 11/29/24 |
| 11/24/24 | 12/07/24 | 12/13/24 |
| 12/08/24 | 12/21/24 | 12/27/24 |
| 12/22/24 | 01/04/25 | 01/10/25 |
| 01/05/25 | 01/18/25 | 01/24/25 |
| 01/19/25 | 02/01/25 | 02/07/25 |
| 02/02/25 | 02/15/25 | 02/21/25 |
| 02/16/25 | 03/01/25 | 03/07/25 |
| 03/02/25 | 03/15/25 | 03/21/25 |
| 03/16/25 | 03/29/25 | 04/04/25 |
| 03/30/25 | 04/12/25 | 04/18/25 |
| 04/13/25 | 04/26/25 | 05/02/25 |
| 04/27/25 | 05/10/25 | 05/16/25 |
| 05/11/25 | 05/24/25 | 05/30/25 |
| 05/25/25 | 06/07/25 | 06/13/25 |
| 06/08/25 | 06/21/25 | 06/27/25 |
| 06/22/25 | 07/05/25 | 07/11/25 |
| 07/06/25 | 07/19/25 | 07/25/25 |
| 07/20/25 | 08/02/25 | 08/08/25 |
| 08/03/25 | 08/16/25 | 08/22/25 |
| 08/17/25 | 08/30/25 | 09/05/25 |
| 08/31/25 | 09/13/25 | 09/19/25 |
| 09/14/25 | 09/27/25 | 10/03/25 |

**Staff Participation
In Fundraising & Community Engagement Events
FY25
(10/01/2024 – 09/30/2025)**

Fundraising Hours

Management/Administrative Staff (Non-Frontline)

Full-time Management/Administrative staff are required to fulfill nine (9) fundraising hours. This applies to administrators, managers, directors, supervisors, specialists, IT technicians, and administrative support staff such as receptionist, HR, Accounting, etc. Five (5) of the 9 hours must be performed between May 1 and July 26 ("Duck Hours"). If you are a salaried employee, these hours are to be volunteer hours, performed on top of your regular working hours. Non-salaried employees are expected to utilize flex hours to fulfill these hours or request overtime pay through supervisor approval. Regional employees are not required to fulfill fundraising hours.

Full-time Frontline staff, 30 Hour Part-time Staff with Benefits and Part-time Staff are not required to fulfill fundraising hours.

*** ALL staff are highly encouraged to fulfill fundraising hours. For a more detailed explanation of how these fundraising hours benefit SCAN and employees, please visit the section called "Why is Fundraising Important?"**

*** If you do not know your grade level, please contact HR.*

Community Engagement Hours

Management/Administrative Regional Staff (Non-Frontline)

Full-time Management/Administrative staff in regional areas (Regions 1, 2, 3, 6, 7 and 11) are required to fulfill six (6) community engagement hours. This applies to administrators, managers, directors, supervisors, specialists, and administrative support. Community engagement hours are defined as hours spent at outreach events in the community where SCAN's presence is appropriate. This can include job fairs, health fairs, back to school events, etc. If you are a salaried employee, these hours are to be volunteer hours, performed on top of your regular working hours. Community engagement hours can be tracked through the Volunteer Hours page on www.scaninc.org.

Frontline Staff

Frontline staff serving families have the opportunity for overtime pay for both fundraising and community engagement hours. ***Fundraising and community engagement hours are not to interfere with services to families.***

Notes & Special Circumstances

A pro-rated system regarding fundraising participation is in place for staff hired after October 1. For questions regarding requirements for staff on FMLA, staff who transition from part-time to full-time or staff who transition from full-time to part-time, please see HR for more information.

Fundraising Participation

Management/administrative (non-frontline) staff members (including management/administrative regional staff) are required to sell fifty (50) ducks or in lieu of duck sales, complete one of the following:

- Find a new Duck Dignitary Sponsorship for the Duck Race of \$250+
- Raise a \$250 donation from friends and family.
- Make a personal donation of \$250*

All duck sales must be received by July 23, 2025. All donations and sponsorships must be received by July 11, 2025.

** Personal donations may be made using payroll deduction. Contact the Accounting Dept. to set up payroll deduction.*

Pro-Rated Fundraising Requirements

A pro-rated system is in place for staff hired after the beginning of the fiscal year. Required hours of fundraising and duck sales are as follows:

| | | | | <u>Duck Sales, Donations, or Sponsorships Required: Only applies to salaried staff in the administrative/management areas of the organization.</u> |
|-----------------------------------|--|--|--|---|
| | | <u>Fundraising Hours Required</u> | | |
| Hiring Quarter | | | | # of Ducks |
| First Quarter: Oct. 1 - Dec. 31 | | 9 | | 50/\$250 |
| Second Quarter: Jan. 1 – March 31 | | 7 | | 50/\$250 |
| Third Quarter – April 1 – June 30 | | 5 | | 50/\$250 |
| Fourth Quarter – July 1-Sept. 1 | | 0 | | 0 |

Staff hired after August 1 are not required to work fundraising hours in the current fiscal year. Requirements will begin on October 1 of the following year.

Watch for postings of opportunities for participation in fundraising events via email. Participation in fundraising activities is an agency expectation for management and administrative staff and encouraged for all staff members.

Remember, when you are doing any official business on behalf of SCAN (selling ducks, working at or setting up for events, presentations, recruiting, etc.), you are a representative of this organization. No consumption of alcoholic beverages or unprofessional behavior is allowed.

Why is Fundraising Important?

Each year, the Philanthropy Department raises about 10% of SCAN's total operating budget. These funds are used in various ways – to support SCAN's match in the 403b program, to minimize the impact of rising costs of health insurance, and to provide SCAN with the ability to give raises to staff, among other things that contribute to employee benefits.

Additionally, the dollars raised from fundraising efforts go back into program support. As needed, these funds help us to achieve our mission of protecting children, preparing parents, strengthening families and educating our community to Stop Child Abuse and Neglect. When different programs are unable to meet their monthly goals, these funds will support the difference.

As important as it is for staff to be involved in the work, they are doing to support their departments, it is also important to support fundraising, since these funds are going directly to program support or staff benefits. When goals are being missed and revenue is slowing down on the program side, staff should feel empowered to help with fundraising events so SCAN is able to produce revenue through this avenue so the agency can continue meeting overall revenue goals, which are all tied to serving as many children and families as possible. The more programs meet their monthly goals, the more fundraising dollars are able to go to raises, health insurance costs, and other employee benefits.

In short, why *do* we fundraise? We fundraise to enhance the employee experience, offer competitive salaries, spread SCAN's name and purpose in the community, and support SCAN programs.

Marketing and Communications FY25 (10/01/2024 – 09/30/2025)

Internal Communications

We function as a team when we work together and share information freely. To this end, SCAN's internal communications include posts on Paycor Engage, agency-wide e-mails, bulletins boards throughout each office location, team meetings and e-mail/text alerts for pressing announcements.

Paycor Engage is used to welcome new staff members, highlight team successes, and share important information.

Bulletin Boards will highlight successes, shared learning, upcoming dates and values.

Team meetings will include agency updates specific to team functioning.

E-mail/Text Alerts will include weather events, policy changes or general SCAN announcements.

External Communications

SCAN has a great network of partners and donors who choose to invest their time, talent and treasure with us. We keep these partners connected to our mission in a variety of ways.

Social Media (@scanfw on Instagram, Facebook, LinkedIn, Twitter, Threads & TikTok) - Share updates, resources and highlight the successes of staff and clients.

Monthly Impact Reports – Share agency successes, program updates and client stories.

Mail Pieces – Appeals are mailed for End of Year Giving and Duck Race. Gratitude pieces are mailed in January and April.

Staff Participation

The Marketing and Communications Team invites you to join us in sharing about SCAN! Authentic, lasting connection comes best when we highlight the tremendous work each of you are doing to transform lives and create safe families. Ways you can help participate in our work are:

- Share your work successes.
- Send us a photo when you are representing SCAN in the community.
- Film a TikTok sharing about your program or a part of your work.
- Share your suggestions for communications.

Why Communication Matters

Shining a spotlight on our work gives hope.

Internally, we need the boost of hearing how fellow staff members have made a difference while serving families, learning how our collective work changes lives; and giving each other high fives for making strides forward. We also need a way to stay organized and connected throughout each of the 41 counties SCAN

serves. Our internal communications pieces work together to give each staff member the information they need to protect children, prepare parents, strengthen families and educate our community to STOP Child Abuse and Neglect.

As we look outward, sharing our work signals to the community that there is something powerful happening here at SCAN. We see the collective impact of each person here pressing toward the goal of protecting children and we give our community the ability to not only support us but join us in our work. When we effectively communicate our mission and how it changes lives, we motivate others to prioritize children and families, resulting in increased fundraising, program participation and partnerships.

Department of Philanthropy
Calendar of Events & Fundraising Opportunities FY2025

Dates subject to change



Brown Bag Lunch:

- Pre-packing – March 4, 2025
- Event Day - March 5, 2025



Duck Race – July 26, 2025

**** More information and events will be shared throughout the year****

Other Incentives
FY25
10/01/2024 -09/30/2025

At times during the year, there may be opportunities to earn incentives.

These may come in the form of hours off or days off and are directly related to the financial ability of the Agency.

The agency will do it's best to communicate any additional days off within 30-45 days in advance for planning purposes with families.

Training

FY25

10/01/2024 - 9/30/2025

Training Documents

(All items are accessible on the All-Employees Drive)

- **Paycor Learning Management System:** Staff and leadership user guides are available.
- **How To Instructions:** Videos on how to navigate Paycor and PLMS are available.
- **Training Trackers:** These trackers are presented during orientation. They are used to help track and monitor direct and non-direct staff trainings. Supervisors will review training trackers weekly during supervision with new staff until training needs are met and no less than quarterly for ongoing staff.
- **Blended Training Process:** Blended trainings require a portion of the training to be completed online before and in person. Car Seat, CPR/First Aid and CPI are examples.

All New Hires: Direct and Non-Direct Staff

Prior to interacting with clients or client files or working independently.

- **HR Orientation:** 2-day class and Orientation 15 Day Learning Path in PLMS (Paycor Learning Management System).
- **Mandatory DCS provided trainings:** can vary based on DCS's requirements.
- **Crisis Prevention Institute's Blended Training:** CPI's online module is emailed on Day1. Staff need to complete the online module prior to shadowing. Staff are expected to attend the first Live Session offered after HR Orientation in order to start serving families.

Onboarding: Direct and Non-Direct Staff

- **Departmental Trainings:** Includes one on one work with trainers and supervisors; based on contract, funder and COA requirements for the position staff are assigned.
- **Departmental Shadowing:** Includes opportunity to observe tasks or skills and be observed by co-workers/management; based on contract, funder and COA requirements for the position staff are assigned.
- **CPR and First Aid Blended Training:** This is due within the staff's first 6 months of employment. Staff email training@scaninc.org when their supervisors are ready for the staff to enroll.

Onboarding: Direct Staff Only

- **Agency Wide:** These are trainings required by contracts and COA that are due at 30, 45, 60, 90 days, 6 months. These trainings are preassigned at hire through PLMS.
- **Car Seat and Driving Safety:** This training must be completed prior to transporting any clients, with or without car seats. Staff are expected to attend the first Live Session offered after HR Orientation.

Annual Trainings

- Every employee of SCAN must maintain certification in CPI and CPR as well as complete mandatory annual trainings for HR requirements, Cultural Competence, Child Abuse and Neglect and Resiliency Training.
- Ongoing training requirements are based on funding, contract and COA requirements for the position staff are assigned. Direct Service staff and transporters have a more extensive list.

If you need assistance with training, please email training@scaninc.org.

Other Annual Requirements FY25 10/01/2024 – 09/30/2025

Human Resources monitors and/or collects results for the following requirements on a minimum annual basis. These dates are based on the fiscal year of October through September. Staff are required to sign off on each of these requirements. HR and/or the Paycor system will send out reminders.

It is a condition of employment that each staff member comply with these requirements as scheduled.

| <u>Requirement</u> | <u>Month</u> | <u>Method</u> |
|--|---|--|
| Automobile Insurance Proof | Due at renewal of policy (6months or 1 year) | Turn into HR / email hr@scaninc.org |
| BMV Records Check | October | Performed by HR |
| Vehicle Inspection | October | Paycor Documents – Filled out electronically |
| Attestation Statement | October | Paycor Documents - Electronic Signature |
| Conflict of Interest | October | Paycor Documents - Electronic Signature |
| Code of Ethical Business Conduct Compliance | October | Paycor Documents - Electronic Signature |
| Driver License *When expired* | Due upon expiration | Turn into HR / email hr@scaninc.org |

Receipt for
Fiscal Year 2025 “Things You Need To Know”

I, _____
(Employee Name)

have received and read my full copy of the

Fiscal Year 2025 “Things You Need to Know”
(FY 10/1/2024– 9/30/2025)
on

(Date)

You are responsible for reading and following all the
requirements in this booklet.

**Sign in the appropriate places and
return to Human Resources by **November 30, 2024,**
by scanning it and emailing it to HR@scaninc.org.**