



## CCAR Supporting / Sample Documents

These documents are shared as samples of CCAR administrative processes. They are current as of the airing of this webinar.

To view the webinar recording, scan the QR code.



**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



**Headquarters**  
280 Trumbull St  
24th Floor  
Hartford, CT 06103  
Tel: 860.522.3111  
[www.WAdvising.com](http://www.WAdvising.com)

One Hamden Center  
2319 Whitney Ave, Suite 2A  
Hamden, CT 06518  
Tel: 203.397.2525  
  
14 Bobala Road #3  
Holyoke, MA 01040  
Tel: 413.536.3970

December 7, 2020

Connecticut Community For Addiction  
Recovery, Inc.  
75 Charter Oak Ave, BLDG 1 No. 305  
Hartford, CT 06106

Connecticut Community For Addiction Recovery, Inc.:

Enclosed is the organization's 2019 Exempt Organization  
return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 17, 2021.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Edward G. Sullivan

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared for	Connecticut Community For Addiction Recovery, Inc. 75 Charter Oak Ave, BLDG 1 No. 305 Hartford, CT 06106
Prepared by	Whittlesey PC 280 Trumbull ST 24th Fl Hartford, CT 06103
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 17, 2021.

EXTENDED TO MAY 17, 2021

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CONNECTICUT COMMUNITY FOR ADDICTION RECOVERY, INC.</b>		<b>D</b> Employer identification number <b>** - ***4908</b>
	Doing business as		<b>E</b> Telephone number <b>(860) 244-2227</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>75 CHARTER OAK AVE, BLDG 1 305</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>HARTFORD, CT 06106</b>		
	<b>F</b> Name and address of principal officer: <b>PHILLIP A VALENTINE</b> <b>75 CHARTER OAK AVE., HARTFORD, CT 06106</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>J</b> Website: <b>HTTPS://CCAR.US</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE CONNECTICUT COMMUNITY FOR ADDICITON RECOVERY (CCAR) ORGANIZES THE RECOVERY COMMUNITY (PEOPLE</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	49	
	6	Total number of volunteers (estimate if necessary)	477	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 39	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,107,239.	Current Year 3,432,186.
	9	Program service revenue (Part VIII, line 2g)	1,352,511.	1,081,553.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-50,107.	-36,482.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,409,643.	4,477,257.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,159,763.	2,999,693.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	49,971.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,222,766.	1,425,485.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,382,529.	4,425,178.
19	Revenue less expenses. Subtract line 18 from line 12	27,114.	52,079.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 907,814.	End of Year 1,634,934.
	21	Total liabilities (Part X, line 26)	563,492.	1,238,533.
	22	Net assets or fund balances. Subtract line 21 from line 20	344,322.	396,401.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	PHILLIP A VALENTINE, EXECUTIVE DIRECTOR		Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	EDWARD G. SULLIVAN			P00579546
	Firm's name	Firm's EIN		
	WHITTLESEY PC	** - ***3326		
	Firm's address	Phone no.		
	280 TRUMBULL ST 24TH FL	860.522.3111		
	HARTFORD, CT 06103			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.

Form 990 (2019)

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

THE CONNECTICUT COMMUNITY FOR ADDICTION RECOVERY (CCAR) ENVISIONS A  
WORLD WHERE THE POWER, HOPE AND HEALING OF RECOVERY FROM ALCOHOL AND  
OTHER ADDICTIONS IS THOROUGHLY UNDERSTOOD AND EMBRACED.

2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,988,245. including grants of \$ ) (Revenue \$ 150,037. )  
ESTABLISHED IN 1998, CCAR, A LEADING RECOVERY COMMUNITY ORGANIZATION,  
OPERATES IN 3 MAIN AREAS.

1.CCAR PUTS A POSITIVE FACE ON RECOVERY; MANY OF OUR MEMBERS OFFER  
THEMSELVES AS LIVING PROOF THAT RECOVERY IS REAL. CCAR ADVOCATES ON  
ISSUES OF IMPORTANCE TO THE RECOVERY COMMUNITY.

2.CCAR PROVIDES RECOVERY SUPPORT SERVICES. ONCE RECOVERY IS INITIATED,  
CCAR HELPS INDIVIDUALS MAINTAIN AND SUSTAIN RECOVERY THROUGH RECOVERY  
COACHING, TELEPHONE RECOVERY SUPPORT, ALL-RECOVERY MEETINGS,  
TRAININGS/WORKSHOPS, VOLUNTEERISM AND RECOVERY-ORIENTED EVENTS. CCAR  
OPERATES A NETWORK OF RECOVERY COMMUNITY CENTERS.

3.CCAR PROVIDES A VARIETY OF TRAINING FOCUSED PRIMARILY ON THE  
DEVELOPMENT OF RECOVERY COACHES.

4b (Code: ) (Expenses \$ 925,267. including grants of \$ ) (Revenue \$ 931,516. )  
THE CENTER FOR ADDICTION RECOVERY TRAINING.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,913,512.

Form 990 (2019)

**CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Form 990 (2019)

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>



**CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Form 990 (2019)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b>	<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<b>26</b>	<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	<b>28a</b>	<b>X</b>
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>	<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>38</b>	<b>X</b>

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	57
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>



**CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Form 990 (2019)

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 49		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	10	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	10	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **▶ CT**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**YOLIBEL LEBRON - (860) 244-2227**  
**75 CHARTER OAK AVE SUITE 305, HARTFORD, CT 06106**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

## **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>								120,723.	0.	8,033.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								120,723.	0.	8,033.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>NONE</b>		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	177,260.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,210,046.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	44,880.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....							3,432,186.
	<b>Program Service Revenue</b>	<b>2 a</b> <b>CONSULTING INCOME</b> .....	<b>Business Code</b>					621400
<b>b</b> <b>HOSPITAL AND CONFERENC</b> .....			621400	150,037.	150,037.			
<b>c</b> .....								
<b>d</b> .....								
<b>e</b> .....								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....			1,081,553.					
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal					
	<b>b</b> Less: rental expenses .....	<b>6b</b>						
	<b>c</b> Rental income or (loss) .....	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
	<b>c</b> Gain or (loss) .....	<b>7c</b>						
	<b>d</b> Net gain or (loss) .....							
	<b>8 a</b> Gross income from fundraising events (not including \$ <u>177,260.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	0.					
	<b>b</b> Less: direct expenses .....	<b>8b</b>	36,482.					
	<b>c</b> Net income or (loss) from fundraising events .....			-36,482.			-36,482.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
	<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>						
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
	<b>12 Total revenue.</b> See instructions .....			4,477,257.	1,081,553.	0.	-36,482.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	120,611.	108,446.	10,265.	1,900.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,289,672.	2,058,731.	194,865.	36,076.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	353,114.	319,747.	30,015.	3,352.
<b>10</b> Payroll taxes	236,296.	213,643.	20,086.	2,567.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	71,997.		71,997.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	59,280.	32,212.	27,068.	
<b>13</b> Office expenses	308,764.	277,085.	28,251.	3,428.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	226,918.	226,918.		
<b>17</b> Travel	126,280.	117,655.	7,819.	806.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	102,793.	97,743.	5,050.	
<b>20</b> Interest	4,389.		4,389.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	19,207.	12,127.	7,080.	
<b>23</b> Insurance	22,786.	16,806.	5,679.	301.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a POSTAGE AND PRINTING</b>	241,064.	232,915.	7,509.	640.
<b>b CONTRACTED SERVICES</b>	129,562.	125,958.	3,604.	
<b>c TELEPHONE AND INTERNET</b>	43,815.	43,276.		539.
<b>d PROGRAM SUPPLIES</b>	23,411.	9,109.	13,967.	335.
<b>e</b> All other expenses	45,219.	21,141.	24,051.	27.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,425,178.	3,913,512.	461,695.	49,971.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)



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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	454,640.	<b>1</b>	1,091,915.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	8,342.	<b>3</b>	68,317.
	<b>4</b> Accounts receivable, net .....	36,278.	<b>4</b>	76,979.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	26,005.	<b>9</b>	4,599.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	580,464.		
	<b>b</b> Less: accumulated depreciation .....	199,527.		
		373,362.	<b>10c</b>	380,937.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	9,187.	<b>15</b>	12,187.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	907,814.	<b>16</b>	1,634,934.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	156,637.	<b>17</b>	258,042.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	300,878.	<b>19</b>	438,415.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	105,977.	<b>23</b>	93,521.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	448,555.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	563,492.	<b>26</b>	1,238,533.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	344,322.	<b>27</b>	396,401.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	344,322.	<b>32</b>	396,401.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	907,814.	<b>33</b>	1,634,934.

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,477,257.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,425,178.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	52,079.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	344,322.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	396,401.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>X</b>	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>X</b>	

Form **990** (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Employer identification number  
**\*\*-\*\*\*4908**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

## CONNECTICUT COMMUNITY FOR ADDICTION

Schedule A (Form 990 or 990-EZ) 2019 **RECOVERY, INC.**

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,299,697.	1,614,246.	1,764,913.	2,095,072.	3,387,306.	10,161,234.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,299,697.	1,614,246.	1,764,913.	2,095,072.	3,387,306.	10,161,234.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						10,161,234.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	1,299,697.	1,614,246.	1,764,913.	2,095,072.	3,387,306.	10,161,234.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						10,161,234.

<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....		<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	100.00 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	100.00 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

## CONNECTICUT COMMUNITY FOR ADDICTION

Schedule A (Form 990 or 990-EZ) 2019 RECOVERY, INC.

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

## CONNECTICUT COMMUNITY FOR ADDICTION

Schedule A (Form 990 or 990-EZ) 2019 RECOVERY, INC.

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

## CONNECTICUT COMMUNITY FOR ADDICTION

Schedule A (Form 990 or 990-EZ) 2019 RECOVERY, INC.

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**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

CONNECTICUT COMMUNITY FOR ADDICTION

Schedule A (Form 990 or 990-EZ) 2019 **RECOVERY, INC.**

**\*\* - \*\*\*4908** Page **8**

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Supplemental information area with horizontal lines for text entry.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.

Employer identification number

\*\*-\*\*\*4908

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>CONNECTICUT COMMUNITY FOR ADDICTION RECOVERY, INC.</b>	Employer identification number <b>** - ***4908</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CT DEPARTMENT OF MENTAL HEALTH AND ADDICITON SERVICES  410 CAPITOL AVE. PO BOX 341431  HARTFORD, CT 06134	\$ 3,132,177.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

\*\*-\*\*\*4908

## Part II

[illegible]

Name of organization <b>CONNECTICUT COMMUNITY FOR ADDICTION RECOVERY, INC.</b>	Employer identification number <b>** - ***4908</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** CONNECTICUT COMMUNITY FOR ADDICTION RECOVERY, INC.

**Employer identification number**  
\*\*-\*\*\*4908

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

**CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Schedule D (Form 990) 2019

\*\*-\*\*\*4908 Page **2**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		67,210.		67,210.
<b>b</b> Buildings		385,532.	109,116.	276,416.
<b>c</b> Leasehold improvements		18,916.		18,916.
<b>d</b> Equipment		108,806.	90,411.	18,395.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				380,937.

Schedule D (Form 990) 2019

**CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Schedule D (Form 990) 2019

\*\*-\*\*\*4908 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>REFUNDABLE ADVANCE - PAYCHECK</b>	
(3) <b>PROTECTION PROGRAM</b>	<b>448,555.</b>
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>448,555.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☐

**Schedule D (Form 990) 2019**

**CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Schedule D (Form 990) 2019

\*\*-\*\*\*4908 Page **4**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,513,739.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,513,739.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-36,482.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-36,482.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,477,257.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,461,660.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,461,660.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-36,482.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-36,482.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,425,178.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**FUNDRAISING EVENTS**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**FUNDRAISING EVENTS**





## CONNECTICUT COMMUNITY FOR ADDICTION

Schedule G (Form 990 or 990-EZ) 2019 **RECOVERY, INC.**

\*\*-\*\*\*4908 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL RECOVERY WAL (event type)	(event type)	2 (total number)	
Revenue	1 Gross receipts .....	32,992.		144,268.	177,260.
	2 Less: Contributions .....	32,992.		144,268.	177,260.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	29,730.		6,752.	36,482.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				36,482.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-36,482.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**CONNECTICUT COMMUNITY FOR ADDICTION**

Schedule G (Form 990 or 990-EZ) 2019 **RECOVERY, INC.**

\*\*-\*\*\*4908 Page 3

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open To Public  
Inspection**

Name of the organization **CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**

Employer identification number  
**\*\*-\*\*\*4908**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 **RECOVERY, INC.**

<b>Part IV</b>	<b>Business Transactions Involving Interested Persons.</b>
----------------	--

[illegible]



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.

Employer identification number  
\*\*-\*\*\*4908

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN RECOVERY, FAMILY MEMBERS, FRIENDS AND ALLIES) TO 1) PUT A FACE ON  
RECOVERY AND 2) PROVIDE RECOVERY SUPPORT SERVICES BY PROMOTING RECOVERY  
FROM ALCOHOL AND OTHER DRUG ADDICTION THROUGH ADVOCACY, EDUCATION AND  
SERVICE, CCAR STRIVES TO END DISCRIMINATION SURROUNDING ADDICTION AND  
RECOVERY, OPEN NEW DOORS AND REMOVE BARRIERS TO RECOVERY, MAINTAIN AND  
SUSTAIN RECOVERY REGARDLESS OF THE PATHWAY, ALL THE WHILE ENSURING THAT  
ALL PEOPLE IN RECOVERY, AND PEOPLE SEEKING RECOVERY, ARE TREATED WITH  
DIGNITY AND RESPECT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO  
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY ALL YEAR LONG  
WITH CONVERSATIONS WITH STAFF.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND  
APPROVES ALL COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization **CONNECTICUT COMMUNITY FOR ADDICTION  
RECOVERY, INC.**Employer identification number  
**\*\* - \*\*\*4908****PART XII LINE 2C****PROCESS HAS NOT CHANGED FROM PRIOR YEAR.**

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CONNECTICUT COMMUNITY FOR ADDICTION RECOVERY, INC.</b>	Taxpayer identification number (TIN)  <b>** - ***4908</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>75 CHARTER OAK AVE, BLDG 1, NO. 305</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HARTFORD, CT 06106</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**YOLIBEL LEBRON**

- The books are in the care of ► **75 CHARTER OAK AVE SUITE 305 - HARTFORD, CT 06106**  
Telephone No. ► **(860) 244-2227** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

## **CCAR Code of Ethics**

### **CONDUCT**

- Always strive to put a positive face and voice on recovery from alcohol and other drug addiction.
- Maintain high standards of conduct.
- Treat each other with dignity and respect.
- Report and remove yourself from any real or perceived conflict of interest.
- Do not exploit personal relationships within CCAR for personal gain.
- Do not under any circumstances sexually exploit or harass other individuals.
- Do not act in any way that violates the civil, legal or ethical rights of others.
- Work to resist gossip, hearsay and rumors.
- Remember that in the eyes of the general public, we represent people in recovery at all times and that your actions influence how the community sees the recovery movement.

### **RESPONSIBILITY TO PEOPLE IN RECOVERY**

- The responsibility for personal recovery resides with the individual; understand that personal recovery comes before any CCAR activity.
- Strive to ensure that people in recovery from alcohol and other drug addiction will be treated with dignity and respect in their personal recovery process.
- Make an effort to see that CCAR empowers recovering people in their physical, emotional and spiritual growth and that CCAR provides opportunities for them to make significant contributions to themselves, their families and friends, their communities and our society.
- Work to represent all people in recovery, especially those who feel they have no voice.

### **RESPONSIBILITY TO THE ORGANIZATION**

- Work under the overarching principles outlined in the vision and mission.
- Always build CCAR's reputation and maintain CCAR's integrity.
- Involve recovering people, their families, significant others and friends in educating policy makers, service providers, legislators and the general public about the recovery process.
- See that CCAR takes on a limited number of carefully chosen projects in order to maintain high-quality successful outcomes; participate in, support and improve these projects.
- Respect the cultural diversity of the organization and encourage the expression of diverse points of view.
- Participate in planning and programmatic decision-making processes.
- Hold existing leadership accountable that future leadership is developed from within the organization.
- Reach out to new members of the CCAR organization.
- Contribute to the overall health of the recovery community and the community at large.
- Express your opinion at every opportunity.
- Promote recovery at every opportunity for you, your family and friends, for the community, for society.

I agree to abide by this code

Signature \_\_\_\_\_

Date \_\_\_\_\_



CONNECTICUT COMMUNITY  
FOR ADDICTION RECOVERY

## Employee Policies and Procedures

The Connecticut Community for Addiction Recovery, Inc.  
75 Charter Oak Avenue  
Building 1, Suite 305  
Hartford, CT 06106

Telephone: (860) 244-2227 1-866-205-9770  
Fax: (860) 244-2228

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

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The Connecticut Community for Addiction Recovery, Inc.  
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**Vision and Mission Statements**

Vision Statement

*The Connecticut Community for Addiction Recovery (CCAR) envisions a world where the power, hope and healing of recovery from alcohol and other addiction is thoroughly understood and embraced.*

Mission Statement

*The Connecticut Community for Addiction Recovery (CCAR) organizes the recovery community (people in recovery, family members, friends and allies) to*

- 1) put a face on recovery*
- 2) provide recovery support services*
- 3) To train and educate others about recovery from alcohol and other addiction.*

*By promoting recovery from alcohol and other addiction through advocacy, education and service, CCAR strives to end discrimination surrounding addiction and recovery, open new doors and remove barriers to recovery, maintain and sustain recovery regardless of the pathway, all the while ensuring that all people in recovery, and people seeking recovery, are treated with dignity and respect.*

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

<b>Policy Number:</b> 1-10	Final: 12/21/04
<b>Title:</b> Organization Description	Revision:
<b>Cross-referenced with:</b>	

**Policy Statement:**

Connecticut Community for Addiction Recovery, Inc., hereinafter referred to as CCAR, conducts business under the articles of incorporation and bylaws. A Board of Directors governs CCAR and is responsible for approving and enacting the policies and ordinances of CCAR as prescribed within the articles of incorporation and bylaws. All CCAR employees have the responsibility to comply with Board approved policies and ordinances.

With respect to the individual responsibilities, no CCAR employee will direct the functions of any Board member, nor will any Board member direct the functions of any CCAR employee except for the Executive Director or designee.

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

<b>Policy Number:</b> 1-20  <b>Title:</b> Administrative Description  <b>Cross-referenced with:</b>	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08
---	---

**Policy Statement:**

- A. The administrative office is located at 75 Charter Oak Ave, Hartford, CT 06106.
- B. CCAR conducts business under the articles of incorporation dated November 19, 1999 and as amended.
- C. CCAR is composed of a Board of Directors which enacts policies and ordinances as prescribed within the articles of incorporation and bylaws. The Administrative body, composed of all employees, has the responsibility to ensure that enacted policies and ordinances are carried out.

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

<b>Policy Number:</b> 1-30	Final: 12/21/04
<b>Title:</b> Introductory Statement	Revision: 09/26/08, 11/17/10
<b>Cross-referenced with:</b>	

**Policy Statement:**

**This Policy & Procedures Manual is not an Employment Contract.**

- A. This Manual is designed to acquaint employees with CCAR and provide information about working conditions, employee benefits, and some of the policies affecting employees. Employees are expected to read, understand, and comply with all provisions of the Manual. It describes many employee responsibilities and outlines the programs developed by the CCAR to benefit employees. An objective of CCAR is to provide a working environment that is conducive to both personal and professional growth.
- B. No Employee Policies & Procedures Manual can anticipate every circumstance or question about policy. As CCAR continues to grow, the need may arise and CCAR reserves the right to revise, supplement, or rescind any policies or portion of the Manual from time to time as it deems appropriate, in its sole and absolute discretion. All changes will be effective after approval by the Board and will be non-retroactive to ensure consistency.
- C. This Manual is designed as a communication tool for employees and supervisors. It is intended to reduce difficulties that might arise from unwritten policy, inconsistent policy, or lack of proper communications. **THIS MANUAL IS NOT A CONTRACT OF EMPLOYMENT.** An employee relationship with CCAR is known as "at-will" employment, compatible with Connecticut State law. This means that the employee may terminate, through resignation, his/her employment at any time, or CCAR may terminate an employee at any time, with or without cause. No one other than the Board of Directors has the authority to enter into a contract of employment with you or to employ you on the basis other than employment "at-will."
- D. Although this Manual describes in general the policies of CCAR, CCAR does not guarantee that a particular procedure or policy will be strictly followed in any particular situation, and no employee has a right to insist that a particular policy or procedure be followed in any particular situation, unless the policy or procedure is required by law.

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

**Practice/Procedure**

1. The Executive Director is responsible to ensure that enacted policies approved by the Board of Directors are adhered to and consistently applied to the day-to-day administrative functions within the organization and to monitor the personnel management process as described with approved employee policies.
2. It is the Executive Director's responsibility to ensure that a current Employee Policy & Procedure Manual be on-site at each of the organization's designated workplace locations, accessible to all employees.
3. All managers/supervisors are responsible for the timely communication of new and updated policies and procedures to their staff and for ensuring that all staff understand each policy and procedure.
4. Changes, additions and new policies will be developed by the Board of Directors and/or the Executive Director.
5. If a manager/supervisor would like to recommend a change in operations that will necessitate reconsideration of an established policy, or the creation of a new policy, a written recommendation must be given to the Executive Director.
6. Each employee is required to provide written verification of having read and understood these policies and procedures at the completion of the Evaluation Period, and after any revision notifications are distributed by management.



The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

<b>Policy Number:</b> 2-10  <b>Title:</b> Nature of Employment  <b>Cross-referenced with:</b> Employee Orientation (2-90) Evaluation Period (3-50)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10
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**Policy Statement:**

The Employee Policies & Procedures Manual is not intended to create a contractual relationship, either implied or explicit. All employees of CCAR are employees "at will." This means that there is no specific duration to the employment and that the employee may be terminated at any time, with or without cause. Nothing that is said elsewhere in this Manual, or that is said by any officer, manager, supervisor or other employee can change the at-will nature of the employment. The "at-will" nature of the employment can be changed only by a written document expressly labeled "Employment Contract," and signed by both the employee and the Executive Director of CCAR. By accepting employment and continuing to work for CCAR, the employee agrees to the "at-will" nature of the employment relationship.

**Practice/Procedure:**

1. Managers/supervisors are responsible for having all employees oriented to this and all other CCAR policies and procedures during Employee Orientation and during the Evaluation Period.
2. Managers/supervisors will ensure that all direct reports are aware of any and all changes to these policies and procedures.

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

<b>Policy Number:</b> 2-20	Final: 12/21/04
<b>Title:</b> Employee Relations	Revision: 11/17/10
<b>Cross-referenced with:</b> Conflict Resolution Procedure (8-110)	

**Policy Statement:**

- A. All employees have the right to deal directly with their supervisor and other members of the administration with regard to work-related matters.
- B. No employee is required to obtain another person or organization to represent him/her in the presentation of complaints, problems, or questions to the administration.
- C. All employees have the right to request an appointment with the Executive Director without obtaining permission from their supervisor or any other person.

**Practice/Procedure:**

- 1. Employees should consider following a “chain of command” in expressing their concerns. This could originate by dialoguing with an immediate supervisor/manager.
- 2. The employee may request to have another employee/peer present in said meeting.
- 3. Formal complaints must be submitted by the employee in writing.
- 4. Should the employee feel that a resolution has not been reached with their immediate supervisor, the employee may request a meeting with the Executive Director.
- 5. Should the employee feel that a resolution has not been reached with the Executive Director the employee may utilize the Conflict Resolution Procedure (Section 8-110).

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

<b>Policy Number:</b> 2-30  <b>Title:</b> Equal Employment Opportunity  <b>Cross-referenced with:</b> Employee Relations (2-20) Immigration Law Compliance (2-50) Employee Orientation (2-90)	<b>Final:</b> 12/21/04 <b>Revision:</b> 11/17/10
---	---

**Policy Statement:**

- A. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at CCAR are based on merit, qualifications, and abilities. CCAR does not discriminate in employment opportunities or practices on the basis of age, sex, race, ethnicity, nationality, disability, sexual orientation, religion, or any other characteristic protected by law.
- B. CCAR actively recruits employees and promotes qualified personnel broadly representative of the community it serves and administers its personnel practices without discrimination based upon age, sex, race, ethnicity, nationality, disability, sexual orientation, or religion of the individual under consideration or any other covered areas deemed appropriate by law.
- C. CCAR will make reasonable accommodations for qualified individuals with known disabilities. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.
- D. Any employee with questions or concerns about any type of discrimination in the workplace is encouraged to bring these issues to the attention of the immediate supervisor and/or the Executive Director. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.
- E. When CCAR recruits and selects with regard to specific characteristics and cultural competence, it does so with the needs of CCAR's defined membership in mind and in accord with exemptions in the law(s) governing equal opportunity in employment.
- F. Qualified applicants for a position are given fair consideration. A history of mental illness, substance use disorder, or of criminal offenses is only considered in terms of the applicant's present fitness to perform the duties in the position. These considerations in hiring will be within the constraints of existing federal or state laws.

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

**Practice/Procedure:**

1. The Director of Human Resources or designee will conduct and document reference checks on all candidates considered for employment prior to the extension of an offer for employment or as a condition of the offer.
2. Anyone under the age of eighteen (18) being considered for employment will be subject to the guidelines established in the Child Labor Laws regarding hours per week and jobs allowed.
3. CCAR is committed to hiring only United States citizens and lawfully authorized alien workers. All CCAR employees are required to produce for the Director of Human Resources, or designee the appropriate documents required under the regulations of the U.S. Immigration and Naturalization Service.

The Connecticut Community for Addiction Recovery, Inc.  
Employee Policies & Procedures Manual

<b>Policy Number:</b> 2-40	Final: 12/21/04
<b>Title:</b> Hiring of Relatives	Revision: 09/26/08, 11/17/10
<b>Cross-referenced with:</b>	

**Policy Statement:**

- A. To promote consistency and equity in the treatment of all employees, to prevent breaches in confidentiality, to prevent improper influences in employment and to prevent the perception of favoritism, CCAR will not hire or employ, in any position, the immediate relatives of current employees if:
- They will directly supervise another relative or;
  - They will be directly supervised by another relative or;
  - They will be working in the same office where such has the potential for creating an adverse effect on supervision, security, morale, or involves potential conflicts of interest.
- B. For purposes of this policy, the term "relative" means an individual who is related by blood or marriage to the employee as a father, mother, son, daughter, brother, sister, grandmother, grandfather, uncle, aunt, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepfather, stepmother, stepson, stepdaughter, stepsister, stepbrother, half brother, or half sister.
- C. For purposes of this policy, the term "relative" also covers sponsor/sponsee relationships as it pertains to recovery circles.
- D. For purposes of this policy, the term "relative" also covers significant others or domestic partners.
- E. Members of the Board of Directors or other committees capable of influencing the hiring, evaluation, or other employee actions, and who are related to employees covered by these policies, shall refrain in all actions having to do with such relatives.

**Practice/Procedure:**

1. If the employees become related after employment and a conflict of such as described in the above policy description exists; or, if a reorganization creates such a conflict, reasonable time (30 days) will be provided to resolve the matter voluntarily or by transfer of one of the employees. If that is not possible, the employee with the most recent date of continuous

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employment will be released.

2. All applicants for positions shall indicate whether they are related to any employee. This information will be used to determine their eligibility for the position. If an applicant untruthfully answers questions concerning the relationship and this fact later becomes known, the employee may be terminated immediately.

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<b>Policy Number:</b> 2-50  <b>Title:</b> Immigration Law Compliance  <b>Cross-referenced with:</b> Equal Opportunity Employment (2-30)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

CCAR is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

**Practice/Procedure:**

1. In compliance with the Immigration Reform and Control Act of 1986 as amended, each new employee must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility as a condition of employment. Former employees who are rehired must also complete the form if they have not completed an I-9 with the Corporation within the past three years, or if their previous I-9 is no longer retained or valid.
2. Employees with questions or seeking more information on immigration law issues are encouraged to contact the Executive Director. Employees may raise questions or complaints about immigration law compliance without fear of reprisal.



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<b>Policy Number:</b> 2-60  <b>Title:</b> Postings & Notifications  <b>Cross-referenced with:</b>	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/21/2020
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**Policy Statement:**

CCAR maintains designated areas in the main office for the posting of official CCAR documents and notifications.

**Practice/Procedure:**

1. CCAR designated areas are restricted to official notifications and require the authorization of the Executive Director for all postings and notifications.
2. These areas display important information, and employees should consult them frequently for:
  - Affirmative action statements
  - Employee announcements
  - Job openings
  - Organization announcements
  - Payday notices

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<b>Policy Number:</b> 2-70  <b>Title:</b> Classification and Pay Plan  <b>Cross-referenced with:</b> Employee Orientation (2-90) Employee Performance Appraisals (3-60)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08
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**Policy Statement:**

- A. All employment functions within CCAR are uniformly classified by a position description. Each position at CCAR has a set base salary or hourly wage established by the Executive Director. The Confidential Employee History Form will identify the base pay at time of hire, promotion or job change.
- B. CCAR recognizes that job functions may change to fulfill revised program needs and goals. This may result in the reclassification of position descriptions to reflect revised or restructured duties and responsibilities within CCAR.
- C. CCAR may assign additional responsibility to appropriate staff on a temporary basis. The temporary duties and responsibilities and the length of the temporary assignment, as well as relative compensation increase, will be identified and established.

**Practice/Procedure:**

1. The position description is developed by the Executive Director, and identifies position title, supervisor, qualifications, duties and responsibilities. The position description is based on the objectives of the program/project and in compliance with the funding source.
2. The pay rate for new hires or promoted employees shall be documented by the Director of Human Resources on the Confidential Employee History Form upon hire of the employee.
3. Annual increases in pay rates may be made based on the following considerations:
  - Annual budget as established by the Board of Directors
  - Employee performance as evaluated annually by CCAR management
  - An increase in job duties and responsibilities.
4. CCAR may promote employees who meet the minimum position qualifications and promoted employees will be compensated at the pay rate for the new position.

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5. The Executive Director shall review and revise job descriptions at every job vacancy/posting and shall analyze and update them as a group every five (5) years.
6. Reclassified or revised position descriptions are offered to incumbent personnel for acceptance or rejection. Employees who reject reclassified or revised positions will be laid off.

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<b>Policy Number:</b> 2-80  <b>Title:</b> Recruitment, Selection, and Promotion  <b>Cross-referenced with:</b> Nature of Employment (2-10) Equal Employment Opportunity (2-30) Hiring of Relatives (2-40) Immigration Law Compliance (2-50) Postings & Notifications (2-60) Classification & Pay Plan (2-70)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 09/21/2020
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**Policy Statement:**

- A. Recruitment, selection and promotion of employees shall be based on the individual's knowledge, abilities, skills, experience, education or training.
- B. The Executive Director, who will review the position description for accuracy, confirm availability of funding, and will initiate recruitment for vacant positions within CCAR.
- C. CCAR relies upon the accuracy of information contained in the resume, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment, or if the person has been hired, termination of employment.

**Practice/Procedure:**

- 1. The Executive Director will draft and post the position vacancy notice that will include the position title, brief description of duties and responsibilities, minimum qualifications, procedure for submitting a resume and position description and the application opening and closing dates
- 2. Applications will be accepted until 5:00 p.m. of the closing date of the vacancy notice.
- 3. CCAR employees may submit a resume for promotion or transfer to a vacant position provided they have completed their introductory employment period and meet the prescribed minimum qualifications of the vacant position.
- 4. The Executive Director must approve said resume for promotion or transfer.
- 5. The transferred/promoted employee's prior position will be filled based on need and other required policy related-considerations.

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6. All vacancy notices will include the statement that CCAR is an Equal Opportunity Employer.
7. The Executive Director will assign a review team and rank the applicants based upon the minimum qualifications of the position's description.
8. The top candidates who meet the minimum qualifications will be scheduled for an interview with a team assigned by the Executive Director.
9. The Executive Director and identified staff, or the CCAR Board when applicable (for the Executive Director), will develop a list of questions to be asked of *each* applicant. These shall be based upon the competencies required of the position, and the CCAR Interview Form will be used to document and evaluate each applicant's responses.
10. The Executive Director, or designee, will issue a notice of appointment or letter of hire to the successful applicant, and notify in writing all unsuccessful interview candidates.
11. The CCAR Board of Directors shall identify the successful applicant to fill the Executive Director vacancy.

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<b>Policy Number:</b> 2-90  <b>Title:</b> Employee Orientation  <b>Cross-referenced with:</b> Evaluation Period (3-50) Employee Performance Appraisals (3-60) Staff Development & Training (3-70) Employment Termination (3-90)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 11/18/19
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**Policy Statement:**

CCAR management will provide employee orientation, to be completed within three (3) months of hire, in order to promote an environment for successful employment.

**Practice/Procedure:**

1. Upon hire the staff member meets with his/her designated supervisor, or designee to obtain an orientation packet. The packet shall include, but not be limited to:
  - Employee Policies and Procedures Manual
  - Confidentiality Form
  - Conflict of Interest Questionnaire
  - I-9 Form
  - W-4 Forms
  - Benefit information
  - Job Description
  - Emergency Contact Information
2. The employee will review the Employee Policies & Procedures manual and sign the accompanying Acknowledgement Form within four (4) weeks of hire.
3. The employee will meet with various other personnel and management to become oriented to the full scope of service of the organization.
4. Upon completion of three (3) months of employment, the supervisor shall meet with the employee to conduct an evaluation. Should the evaluation produce less than satisfactory results, discussions will be held regarding continuation of employment.
5. Should the employee remain employed, any areas identified as needing improvement will be addressed via a plan of development/training. This plan shall be reviewed at six (6) months of hire.
6. CCAR employees cannot volunteer for CCAR.

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<b>Policy Number:</b> 3-10  <b>Title:</b> Employment Categories  <b>Cross-referenced with:</b> Classification & Pay Plan (2-70) Evaluation Period (3-50)	<b>Final:</b> 12/21/04 <b>Revision:</b> 11/17/10
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**Policy Statement:**

- A. The categorization of employees is by scheduled hours.
- B. CCAR adheres to all federal and state Wage & Hour laws.
- C. Individuals appointed by the Board to represent CCAR including Board members, Advisory Committee members, contractors, consultants, etc., are not considered employees of CCAR and are not subject to the provisions contained within these policies.

**Practice/Procedure:**

Each employee is designated as either NONEXEMPT or EXEMPT from federal and state wage and hour laws. NONEXEMPT (hourly) employees are entitled to overtime pay under the specific provisions of federal and state laws. EXEMPT (salaried) employees are excluded from specific provisions of federal and state wage and hour laws. An employee's EXEMPT or NONEXEMPT classification may be changed only upon written notification by CCAR Executive Director

In addition to the above categories, each employee will belong to one other employment category:

1. REGULAR FULL-TIME employees are those who are not in a temporary or introductory status and who are regularly scheduled to work CCAR's full-time schedule (35 hours per week). Generally, they are eligible for the benefit package, subject to the terms, conditions, and limitations of each benefit program.
2. REGULAR PART-TIME employees are those who are not assigned to a temporary or introductory status and who are regularly scheduled to work less than the full-time work schedule, but at least 20 hours per week. Regular part-time employees are eligible for some benefits sponsored by CCAR. All benefits are subject to the terms, conditions, and limitations of each benefit program, and are prorated based upon the part-time employee's average work week.

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3. **PART-TIME** employees are those who are not assigned to a temporary or introductory status and who are regularly scheduled to work less than 20 hours per week. While they do receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are ineligible for all of CCAR's other benefits programs.
4. **CONTRACT EMPLOYEES** are individuals who enter into a contractual agreement with CCAR that defines legally the rights of both the employee and CCAR. Normally, employment contracts are limited in duration, identify specific contract objectives, identify funded benefits, and include employment terms consistent with these policies and procedures.
5. **TEMPORARY** employees are those who are hired as interim replacements, to temporarily supplement the work force, or to assist in the completion of a specific project. Employment assignments in this category are of a limited duration not to exceed 90 days in any twelve-month period. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain that status, unless and until notified of a change. While temporary employees receive all legally mandated benefits (such as workers' compensation insurance and Social Security), they are ineligible for all of CCAR's other benefit programs.



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<b>Policy Number:</b> 3-20  <b>Title:</b> Employee Records  <b>Cross-referenced with:</b> Recruitment, Selection & Promotion (2-80) Employee Orientation (2-90) Employee Performance Appraisals (3-60)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08
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**Policy Statement:**

- A. The CCAR Director of Human Resources or designee is authorized to collect, retain and secure personnel information that is pertinent and necessary for the legitimate operational needs of CCAR. The privacy rights of employees will be safeguarded. Anyone breaching this policy is subject to disciplinary action up to and including discharge.
- B. Personnel files are the property of CCAR, and access to the information they contain is restricted. Generally, only supervisors and management personnel of CCAR who have a legitimate reason to review information in a file are allowed to do so with the Executive Director and with reasonable advance notice.
- C. Due to federal funding received at times, governmental officials who are responsible for contract or licensing monitoring or auditing may have access to employee records, including personnel files.

**Practice/Procedure:**

- 1. The Director of Human Resources or designee maintains confidential personnel file on each employee, in a secure location.
- 2. The term “personnel files” means all files which are used, or have been used, to determine the employees qualifications for employment, promotion, compensation, discipline, termination, or other administrative action.
- 3. Creation and maintenance of the official personnel file which will remain confidential so far as possible is the responsibility of the Director of Human Resources. Personnel files contain official CCAR documents such as changes in position, performance appraisals and applications, as well as letters of reference, commendations, training and development records, and necessary documentation concerning performance or disciplinary actions.

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4. It is the responsibility of each employee to promptly notify the Director of Human Resources of any changes in personnel data; personal mailing addresses, telephone numbers, number and names of dependents, emergency contacts, educational goals accomplished, and other such status reports.
5. Responses to employment and credit reference requests may only be given by the Director of Human Resources. No information will be provided in response to a verbal request.
6. Information regarding dates of employment, titles held, compensation, or other information of *current* employees will be provided in response to written inquiries if the request is accompanied by a specific release of information authorization signed by the employee.
7. Only information regarding dates of employment and titles held regarding *past* employees will be provided in response to written inquiries, if the request is accompanied by a specific release of information authorization signed by the past employee.
8. Employees who wish to review their own personnel file should submit a written request to the Executive Director. With reasonable advance notice, employees may review their own personnel files in the offices with the Director of Human Resources.
9. Nothing may be taken out of the employee personnel file but the employee may have a copy of file documents as authorized by the Executive Director in his/her sole discretion.

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<b>Policy Number:</b> 3-40  <b>Title:</b> Background Checks  <b>Cross-referenced with:</b> Evaluation Period (3-50)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

CCAR will complete background checks on all individuals about to be hired by the agency. This background check may include, but is not limited to, a check of character references, fingerprinting, criminal record checks and driving records.

**Practice/Procedure:**

1. The Executive Director or designee will conduct a background check for each individual employee about to be hired.

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<b>Policy Number:</b> 3-50  <b>Title:</b> Evaluation Period  <b>Cross-referenced with:</b> Employee Orientation (2-90) Employee Performance Appraisals (3-60) Staff Development & Training (3-70) Employment Termination (3-90) Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10
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**Policy Statement:**

All newly hired employees (including those promoted to a new position) are subject to a 90-day evaluation period

**Practice/Procedure:**

1. During the evaluation period, supervisors are responsible for orienting, training and assessing the competency of new employees. Supervisors are to use the following for this purpose:
  - Performance Appraisal tool
  - Informal day-to-day discussions between supervisor and employee
2. The supervisor will conduct an employee job performance appraisal at the conclusion of the evaluation period and review it with the employee.
3. Only the CCAR Executive Director shall determine if the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, thus warranting a reasonable extension of the evaluation period.
4. At the completion of the evaluation period, the supervisor will make a recommendation regarding transfer from evaluation status to "regular" employment classification.
5. At any time during the evaluation period, the newly hired employee or CCAR can terminate the employment arrangement without being subject to other provisions of these employee policies.
6. Newly hired employees who do not successfully complete this evaluation period will be terminated. Transferred or promoted employees who are unable to meet the skills requirements for their new position will be given consideration for open positions for which they have previously demonstrated competent performance. If no such position is available, the employee will be terminated.

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7. During the evaluation period, new employees are eligible for those benefits that are required by law, such as worker's compensation insurance and Social Security. They may also be eligible for other provided benefits.

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<b>Policy Number:</b> 3-60  <b>Title:</b> Employee Performance Appraisals  <b>Cross-referenced with:</b> Employee Orientation (2-90) Evaluation Period (3-50) Staff Development & Training (3-70)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

- A. A formal written performance appraisal will be conducted at the end of the employee's evaluation period, at the end of 12 months of employment, and annually thereafter, generally coinciding with the anniversary date of hire, or one year from the most recent performance appraisal.
- B. A performance appraisal may be completed earlier in the event of supervisor departure if the most recent performance evaluation is more than six (6) months old or if deemed necessary by employee's manager or supervisor to address performance issues.
- C. Managers/supervisors are responsible for developing and maintaining accurate and complete job specific criteria for each position they supervise.
- D. All new descriptions/appraisals, or changes to existing descriptions/appraisals must be reviewed by the Executive Director or designee.
- E. Changes to existing descriptions/appraisals are generally made no more than once a year. This is to ensure that employees are appraised on job specific criteria for a complete appraisal cycle.

**Practice/Procedure:**

- 1. Employees who do not maintain sufficient job performance skills and practices may be terminated at the discretion of the Executive Director.
- 2. The employee is asked by the manager/supervisor to complete a self-evaluation utilizing their job-specific performance appraisal tool. This is optional for the employee.
- 3. The supervisor will complete a written employee job performance appraisal by completing the job-specific tool for each direct-report employee.
- 4. The supervisor will meet with the employee to conduct a verbal review of the appraisal. All ratings will be documented with specific examples. In the event of a discrepancy in scoring,

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those of the supervisor will stand in the final document, with the employee having the opportunity to provide a written rebuttal.

5. The supervisor will develop a Performance Improvement Plan as needed. The manager/supervisor and employee must review progress with the intent of achieving acceptable performance within 90 days.
6. Failure of the manager/supervisor to complete the appraisal process and meet with the employee within the timelines in this policy, will be reflected in the manager/supervisor's own performance appraisal and will affect the final outcome of said review.
7. The Executive Director will review all performance appraisals and assign any compensatory changes as deemed appropriate.
8. The CCAR Board of Directors makes final determination on establishment of annual employee wages through fiscal year budgeting process, and maintains full compliance with the Department of Labor's "Fair Labor Standards Act."
9. The completed appraisal will be kept in the employee's personnel file.

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<b>Policy Number:</b> 3-70  <b>Title:</b> Staff Development & Training  <b>Cross-referenced with:</b> Employee Orientation (2-90) Evaluation Period (3-50) Employee Performance Appraisals (3-60)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

- A. CCAR is committed to providing on-going staff skill development opportunities to ensure for individual and organizational success. It is an expectation that all managers/supervisors ensure that their staff has staff development and training opportunities.

**Practice/Procedure:**

1. Each employee will be provided notices of education or training opportunities (both internal and external) that the manager/supervisor believes to be related to job performance success. These opportunities may be formal or informal in design.
2. Upon conclusion of the Evaluation Period, and annually thereafter, an employee appraisal will be completed by the manager/supervisor with the Performance Improvement Plan completed as needed.
3. All Performance Improvement Plans will be reviewed by the manager/supervisor on a regularly scheduled basis, as documented in the Plan. An inability by the employee to attain appropriate skill level and job performance may lead to termination from employment.
4. Employees must provide a written request to their manager/supervisor for any outside education or training events. The Executive Director must provide final authorization for any request. Attendance at any off-site training, workshop, or seminar may be determined based on professional development opportunities or as identified in a Performance Improvement Plan.
5. Each employee shall keep written documentation of each education and training event, inclusive of date, time, location and subject matter. This will be attached to the annual performance appraisal document. Employees may be asked to provide a topical overview of the attended event at organizational meetings.
6. Any plan or training records submitted by the employee will become a part of the employee's personnel record and will be considered during performance evaluations and promotional opportunities.



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<b>Policy Number:</b> 3-71  <b>Title:</b> Tuition Reimbursement  <b>Cross-referenced with:</b> Employee Categories (3-10) Employee Performance Appraisals (3-60) Staff Development & Training (3-70)	<b>Final:</b> 3/23/06 <b>Revision:</b> 11/17/10
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**Policy Statement:**

- A. CCAR will reimburse eligible employees for course tuition expenses paid to accredited schools, colleges and universities in pursuit of any degree that is directly related to work the Agency performs.
- B. Employees in the following employment classification(s) are eligible for Tuition Reimbursement as described in this policy.
  - Regular full-time employees
    - who have completed a year of service
    - who have maintained a satisfactory Performance Appraisal
    - who are on the payroll when the course is completed

**Practice/Procedure:**

1. Employees must secure written approval from the Executive Director for Tuition Reimbursement.
2. CCAR will pay 50% of eligible employees' tuition or course costs up to \$1,000 annually. Fees, books or supplies are not eligible for reimbursement.
3. CCAR will reimburse eligible employees at the conclusion of a successfully completed course if employee receives a grade point average of 3.0 or higher. Employee must submit an official transcript of grade and proof of payment when applying for Tuition Reimbursement.

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<b>Policy Number:</b> 3-90  <b>Title:</b> Employment Termination  <b>Cross-referenced with:</b> Voluntary Resignation (3-100) Discharge from Employment (3-110) Layoff (3-120) Employee Discipline (8-100)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 11/18/19, 09/21/2020
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**Policy Statement:**

- A. Managers/supervisors must review all applicable policies with the Executive Director before termination of the employee is finalized.
- B. Termination of employment may fall into the following categories:
  - **Voluntary Resignation** -- voluntary employment termination initiated by an employee.
  - **Discharge** -- involuntary employment termination initiated by CCAR.
  - **Layoff** – non-disciplinary, involuntary employment termination initiated by CCAR.

**Practice/Procedure:**

1. Termination of employment for non-disciplinary reasons is addressed in the “Voluntary Resignation” policy (3-100) and “Layoff” policy (3-110)
2. During the Evaluation Period, no notice needs to be given by either party in the event of a termination.
3. Termination for disciplinary reasons will normally be carried out under the provisions of disciplinary policies herein (Section 8-100) and must be approved by the Executive Director.
4. After the disciplinary termination the Director of Human Resources will prepare the following:
  - The unemployment notice
  - The employee’s paycheck exclusive of sick and personal time
  - All monies owed will be mailed to the employee as required by law
5. The Executive Director or designee will ensure that the appropriate documentation will become part of the employee’s personnel file.
6. Terminated employee personnel files are archived by CCAR and may be purged seven years

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after the date of separation.

7. All employees leaving employment at CCAR have the opportunity to participate in an exit interview. The Director of Human Resources will generally schedule exit interviews at the time of employment departure. The exit interview will afford an opportunity to discuss such issues as repayment of outstanding debts to CCAR or return of CCAR property. Suggestions, complaints, and questions can also be voiced.
8. Upon exit interview if former employee requests to volunteer for CCAR, a grace period will be established to determine if and when a former employee can volunteer.

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<b>Policy Number:</b> 3-100  <b>Title:</b> Voluntary Resignation  <b>Cross-referenced with:</b> Employment Categories (3-10) Evaluation Period (3-50) Employment Termination (3-90)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

- A. In order for CCAR to deal with the transition of a resigning employee, including seeking a replacement, the departing employee must provide working notice as follows:
- Full-time and part-time employees: Two (2) weeks  
(for part-time employees, equivalent part-time work notice)
  - During the Evaluation Period, no notice needs to be given by either party in the event of a termination.
- B. An employee providing the required working notice will receive their accrued paid leave time as per policy below, unless otherwise provided within this manual.
- C. An employee who does not provide two (2) weeks advance notice may forfeit any accrued annual leave and may be considered ineligible for rehire.
- D. The Executive Director reserves the right to forgo or shorten the required working notice when it is in the best interest of CCAR. In such situations the employee will receive their accrued paid leave as per policy below, unless otherwise provided in this manual.
- E. Once notice to resign has been given, employees may not schedule or take paid leave or other paid time unless authorized by the Executive Director.

**Practice/Procedure:**

1. The employee will provide the resignation in writing to the Executive Director and should include:
  - Employees name
  - Date of notice
  - Last day employee expects to work
  - Any comments the employee may wish to make
  - Employee signature

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2. The employee's written resignation, date received, and the Confidential Employee History form will be completed by the Director of Human Resources immediately and approved by the Executive Director.
3. Once in receipt of the document and letter of resignation the Director of Human Resources will attempt to arrange an exit interview with the employee. At this time termination related benefits, including accrued benefits, will be explained.
4. Employees who have met the working notice requirements above and who have accrued paid leave time will generally receive this payment in their final check. Employees are not entitled to accrued sick and personal leave.
5. An employee who fails to provide the requisite notice and/or fails to work all the scheduled remaining time before termination, will forfeit their entire accrued paid leave.
6. The Executive Director or designee will collect CCAR property on or before the employee's final day of work.

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<b>Policy Number:</b> 3-110  <b>Title:</b> Discharge from Employment  <b>Cross-referenced with:</b> Employment Termination (3-90) Employee Discipline (8-100)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 09/21/2020
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**Policy Statement:**

- A. Discharge is the termination of employment for reasons of good cause, for gross misconduct, and in accordance with the provisions of these policies and procedures.
- B. Termination for disciplinary reasons will normally be carried out under the provisions of disciplinary policies and procedures herein, *Disciplinary Action* (Section 8-100)

**Practice/Procedure:**

1. The Executive Director will report all terminations to the Board.
2. The Executive Director must authorize employee discharge.
3. After the disciplinary termination the Director of Human Resources will prepare the following:
  - The unemployment notice
  - The employee's paycheck exclusive of sick and personal time
  - All monies owed will be mailed to the employee as required by law
4. All employees leaving employment at CCAR have the opportunity to participate in an exit interview. The Director of Human Resources will generally schedule exit interviews at the time of employment departure. The exit interview will afford an opportunity to discuss such issues as repayment of outstanding debts to CCAR or return of CCAR property. Suggestions, complaints, and questions can also be voiced.

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<b>Policy Number:</b> 3-120 <b>Title:</b> Layoff <b>Cross-referenced with:</b> Employment Termination (3-90)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 09/21/2020
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**Policy Statement:**

Layoff is employment separation deemed necessary by reason of lack of work or funds due to program reduction, reorganization or any other organizational revision.

**Practice/Procedure:**

1. Employees affected will receive notification of an impending lay off at least ten (10) working days prior to the effective date of the layoff.
2. The layoff notice will include the reason of the layoff, and schedule an exit interview with the Executive Director or other designated staff.
3. The Director of Human Resources will complete the necessary payroll action forms.
4. Employees who have accrued paid leave time will generally receive this payment in their final check. Employees are not entitled to accrued sick or personal time.
5. Seniority, performance and type of appointment will be considered in determining the order of layoff but shall not be determinative of the order to lay off.
6. No regular full-time employee is to be separated by layoff until all other categories of employees in the same job classification have been separated.
7. The Executive Director or designee will collect CCAR property on or before the employee's final day of work.

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<b>Policy Number:</b> 4-10 <b>Title:</b> Employee Benefits <b>Cross-referenced with:</b> Evaluation Period (3-50)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

- A. CCAR provides a comprehensive package of benefits including those prescribed by law.
- B. Benefits eligibility is dependent upon a variety of factors, including employee classification.
- C. Some benefits require contributions from the employee.
- D. The following benefit programs are available to eligible employees:

- Administrative Leave
- Auto Mileage
- Bereavement Leave
- Flextime Scheduling
- Health Insurance
- Holidays
- Jury Duty Leave
- Military Leave
- Personal Leave
- Sick Time Benefits
- Short Term Disability
- Long Term Disability
- Travel Allowance
- Retirement Benefits
- Vacation Benefits
- Witness Duty Leave

**Practice/Procedure:**

- 1. The benefits package is reviewed annually and any necessary updates are incorporated.
- 2. The Executive Director provides written notification to all affected staff of any changes to be made to the benefits package.
- 3. The Director of Human Resources will provide oversight of any registration processes with each eligible employee.
- 4. All new hires will meet with the Director of Human Resources for full explanation of benefits upon hire.
- 5. Part time employees less than 30 hours a week are eligible for vacation benefits, sick time benefits and retirement benefits.



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<b>Policy Number:</b> 4-20  <b>Title:</b> Health Insurance  <b>Cross-referenced with:</b> Employment Termination (3-90) Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

- A. Eligible employees of CCAR are provided health insurance, i.e. medical as funding allows. All employees are eligible to apply for CCAR approved insurance.
- B. Employees separating from CCAR employment may be eligible for the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) health insurance program as defined by law. Covered employees or dependents will be eligible to continue the insurance at 100% of cost plus an additional administrative fee after termination of coverage. COBRA provides the ability to continue benefits for a period of time as outlined below:
1. 30 months (beginning with the employee date of termination or date of COBRA letter, whichever is later) – employees and dependents of employees who are terminated or whose work hours are reduced below the minimum required by the individual plan design.
  2. 36 months (beginning with the date of the “qualifying event”) – spouses and dependents who are ineligible for Medicare and who would lose coverage because of death of the employee, legal separation or divorce, or, in the case of dependents children “aging out” of the plan.
- C. A Qualifying Event is defined as:
- The death of a covered employee;
  - Termination or reduction in hours of a covered employee (other than for gross misconduct);
  - Divorce or legal separation of a covered employee from the employee’s spouse; and
  - A dependent child ceasing to be dependent under the plan provisions

**Practice/Procedure:**

1. The Director of Human Resources will provide employees with an application form..

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2. Upon separation from employment, those employees who were eligible for coverage can maintain their coverage through COBRA.
3. Under COBRA, past employees can continue their coverage by providing monthly prepayments for the cost of maintaining this insurance coverage for them and their dependents.

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<b>Policy Number:</b> 4-30  <b>Title:</b> Vacation Benefits  <b>Cross-referenced with:</b> Employment Categories (3-10) Employment Termination (3-90) Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10
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**Policy Statement:**

- A. Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. Employees in the following employment classification(s) are eligible to earn and use vacation time as described in this policy:
- Regular full-time employees
  - Regular part-time employees' (over 20 hours per week) vacation will be prorated based upon the individual's average workweek.
- B. The amounts of paid vacation time employees receive increases with the length of their employment.
- C. Employees are expected to use all available paid vacation within the calendar year. No more than one (1) week of unused vacation may be carried over into the following year.
- D. Regular employees must be on payroll for three (3) months before taking any vacation and must have successfully completed Evaluation period.

**Practice/Procedure:**

1. Time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives or bonuses.
2. Paid vacation time can be used in minimum full day increments.
3. CCAR employees are eligible for paid vacation as outlined in the overview of benefits chart:

<i>Length of Service (# Years)</i>	<i>Eligible Vacation per year</i>
3 months -1	2 weeks (10 days) 5.8 hours/month
2 – 5	3 weeks (15 days) 8.75 hours/month
6 – 10	4 weeks (20 days) 11.6 hours/month
11 plus	5 weeks (25 days) 14.6 hours/month

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4. Vacation accrues monthly at a rate of 1/12 of annual eligibility amount as outlined in the chart above from the date of hire.
5. Employees are encouraged to review their vacation plans with their manager/supervisor at the beginning of the year (January). Employees must submit annually by February 28th, in writing to their manager/supervisor, a request for use of allotted vacation time. Requests not submitted by that date may not be approved.
6. Employees may carry over up to 35 hours of vacation into the following year.
7. Upon termination of employment, employees will be paid for unused vacation time that has been earned through the last day of work, contingent upon two-week notification of resigning or policy waiver authorized by the Executive Director.
8. Borrowing against future vacation is the sole decision of the Executive Director. Employees must provide a written request for consideration.

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<b>Policy Number:</b> 4-40  <b>Title:</b> Holidays  <b>Cross-referenced with:</b> Employment Categories (3-10) Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 2/2/17, 09/21/2020
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**Policy Statement:**

- A. CCAR will grant paid holiday time off to all eligible employees immediately upon assignment to an eligible employment classification. Eligible employee classification(s):
- Regular full-time employees
  - Regular part-time employees' (over 20 hours per week) holiday time off will be prorated based upon the individual's average workweek.
  - New Hire employees (prorated)
- B. CCAR will grant holiday time off to all eligible employees on the holidays listed below.
- New Year's Day
  - Martin Luther King Day
  - President's Day
  - Good Friday
  - Memorial Day
  - Juneteenth
  - Independence Day
  - Labor Day
  - Veterans Day
  - Thanksgiving and the Day after Thanksgiving
  - Christmas and Christmas Eve
- C. CCAR will pay for those nonexempt/hourly employees who are required to work on Holidays as part of their job requirements depending on funding sources available.
- D. If nonexempt/hourly employee works on a Holiday, Holiday hours do not count towards overtime. Holiday hours are straight time pay.

**Practice/Procedure:**

1. A recognized holiday that falls on a Saturday will be observed on the preceding Friday. A recognized holiday that falls on a Sunday will be observed on the following Monday.
2. Employees may request to observe a specific religious holiday in place of Christmas with advance notice to the manager/supervisor, and approval by the Executive Director. A minimum of three weeks notice is required.

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3. If a recognized holiday falls during an eligible employee's paid absence (e.g., vacation, sick time), holiday pay will be provided instead of the paid time off benefit that would otherwise have applied.

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<b>Policy Number:</b> 4-50  <b>Title:</b> Personal Days  <b>Cross-referenced with:</b> Employment Categories (3-10) Evaluation Period (3-50) Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

- A. All regular full-time employees, who have completed their Evaluation Period, will receive three (3) Personal Days per year.
- B. Personal Days not used by December 31<sup>st</sup> of each year will be forfeited.

**Practice/Procedure:**

- 1. Request for a Personal Day must be made through the employee's manager/supervisor. On occasion when more than one employee requests the same time off, the manager/supervisor will make the determination.
- 2. Personal Days cannot be used to extend vacations or holidays or consecutively unless approved by the Executive Director or designee
- 3. Sick days will not be authorized consecutively with a Personal Day.

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<b>Policy Number:</b> 4-60  <b>Title:</b> Worker's Compensation Insurance  <b>Cross-referenced with:</b> Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

- A. CCAR provides comprehensive workers' compensation insurance at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment.
- B. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.
- C. Neither CCAR nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activity sponsored by CCAR.

**Practice/Procedure:**

- 1. Employees who sustain work-related injuries or illnesses must inform their supervisor immediately. The incident will be reported to the Executive Director and Director of Human Resources, who will complete the necessary documentation.



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<b>Policy Number:</b> 4-70  <b>Title:</b> Sick Time Benefits  <b>Cross-referenced with:</b> Employment Categories (3-10) Employment Termination (3-90) Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10, 09/21/2020
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**Policy Statement:**

- A. CCAR provides paid sick time benefits to all eligible employees for periods of temporary absence due to illnesses or injuries. Employees in the following employment classification(s) are eligible to earn and use sick time as described in this policy:
- Regular full-time employees
  - Regular part-time employees (over 20 hours per week) sick time off will be prorated based upon the individual's average workweek.
- B. All regular full-time employees will receive a total of 80 hours (11 calendar days) worth of sick time benefits annually. Any remaining sick time will not roll over into the following year.

**Practice/Procedure:**

1. Employees can request use of paid sick time beginning at the conclusion of a successful Evaluation Period.
2. Paid sick time can be used in minimum increments of one (1) hour.
3. The employee is responsible for contacting their manager/supervisor prior to the start of a workday when calling in sick. Failure to do so may result in disciplinary action.
4. Eligible employees may use sick time benefits for an absence due to their own illness, injury, dental care, health care prevention, etc., or that of an immediate family member as defined by Connecticut law with limitations.
5. If an employee is absent for three (3) or more consecutive days due to illness or injury, a physician's statement may be requested, verifying the disability, and its beginning and expected ending dates. Such verification may be requested for other sick time absences as well and may be required as a condition to receiving sick time benefits.

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6. Sick time benefits are intended solely to provide income protection in the event of illness or injury, and may not be used for any other absence.
7. Unused sick time benefits will not be paid to employees while they are employed or upon termination of employment.

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<b>Policy Number:</b> 4-80  <b>Title:</b> Civic Duty  <b>Cross-referenced with:</b> Employee Benefits (4-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08
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**Policy Statement:**

- A. Employees may, from time to time, be called upon to serve in a civic duty capacity. Employees may receive compensation compatible with Employee Benefits described in Section 4-10 of this manual.
- B. The Executive Director must authorize all paid time off for civic duty.
- C. The following categories are recognized by CCAR as applicable to this policy:
  - **Witness Summons**
  - **Jury Duty**

**Practice/Procedure:**

1. Employees are required to notify their manager/supervisor promptly upon receipt of a notice for any of the above two (2) categories.
2. Employees summoned for civic duty may receive their regular rate of pay for normal work hours, provided the employee submits evidence of the summons and selection notice (Jury Duty).
3. If an employee is summoned to be a witness in their official capacity, whether on behalf of the prosecutor or the defendant, taking time off is not required since the employee will be representing CCAR.
4. If an employee is summoned to be a witness as a private citizen, the employee will be on authorized vacation/personal time. If vacation/personal time is exhausted, leave without pay will be used.
5. Paid absences for civic duty must be so noted on the employee's time sheet by the manager/supervisor for each pay period in which this form of absence occurs.
6. Fees received as compensation for jury duty shall be paid to CCAR unless vacation/personal time is taken.

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7. Employees will be allowed to retain any reimbursements for transportation, lodging, or meals paid by the respective court jurisdiction.

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<b>Policy Number:</b> 5-10  <b>Title:</b> Timekeeping  <b>Cross-referenced with:</b> Classification & Pay Plan (2-70)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08
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**Policy Statement:**

- A. Federal and state laws require CCAR to keep an accurate record of time worked in order to calculate employee pay and benefits.
- B. Time worked is all the time actually spent on the job performing assigned duties.
- C. Accurately recording time worked is the responsibility of every employee.
- D. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

**Practice/Procedure:**

- 1. Employees should accurately record the time they begin and end their work, as well as the beginning and ending time of each meal period. They should also record departure from work for personal reasons.
- 2. Overtime work must always be approved by the employee's manager/supervisor before it is performed.
- 3. It is the employee's responsibility to complete an accurate time record and submit as required.
- 4. The manager/supervisor is responsible to review and certify the employee's time record for accuracy and completeness prior to submitting it for payroll processing.

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<b>Policy Number:</b> 5-20  <b>Title:</b> Paydays  <b>Cross-referenced with:</b> Classification & Pay Plan (2-70) Timekeeping (5-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 11/17/10
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**Policy Statement:**

- A. All employees are paid every two (2) weeks (on a Friday) based on an annual pay calendar. Each paycheck will include earnings for all work performed through the end of the payroll period.
- B. No paycheck will be processed without a verified time record submitted.

**Practice/Procedure:**

- 1. The Administrative Office is responsible for the release of paychecks.
- 2. Direct Deposit of paychecks is encouraged.
- 3. Written authorization by the employee is required to release any paychecks to an individual other than the employee on scheduled pay dates.

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<b>Policy Number:</b> 5-30	Final: 12/21/04
<b>Title:</b> Emergency Pay Advances	Revision: 11/17/10, 09/21/2020
<b>Cross-referenced with:</b>	

**Policy Statement:**

- A. CCAR employees may be eligible for emergency advance pay in the extenuating circumstances like the death of an immediate family member or other urgent situations.
- B. CCAR employees eligible for emergency advance pay will receive, at a maximum, 20 hours pay at their regular rate of pay.

**Practice/Procedure:**

- 1. Emergency Pay Advance must be requested in writing to the Executive Director.
- 2. The Administrative Office is responsible for disseminating advance-pay checks upon proper authorization from the Executive Director.
- 3. In the event of an approved pay advance the amount will be deducted from the employee's next regular pay.

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<b>Policy Number:</b> 5-40 <b>Title:</b> Administrative Pay Corrections <b>Cross-referenced with:</b>	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

CCAR takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday. In the event of an error CCAR will make necessary corrections.

**Practice/Procedure:**

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Executive Director and/or the Administrative Office so corrections can be made as quickly as possible.



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<b>Policy Number:</b> 5-50  <b>Title:</b> Pay Deductions  <b>Cross-referenced with:</b> Employee Orientation (2-90)	<b>Final:</b> 12/21/04 <b>Revision:</b> 11/17/10, 09/21/2020
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**Policy Statement:**

- A. The law requires that CCAR make certain deductions from every employee's compensation. Among these are:
- Applicable federal, state, and local income taxes
  - Social Security taxes on each employee's earnings up to a specified limit that is called the Social Security "wage base"
- B. CCAR matches the amount of Social Security taxes paid by each employee.
- C. For employees enrolled in health benefits and/or retirement benefits CCAR will deduct the employee portion for benefits. The Director of Human Resources will provide payroll authorization form for benefit deduction.

**Practice/Procedure:**

1. The Administrative Office will provide an explanation of pay deductions during the Employee Orientation for each New Hire.
2. Employees who wish to adjust their tax withholdings must meet with the Administrative Office to determine the proper amounts, not to be less than those legally mandated.

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<b>Policy Number:</b> 6-10  <b>Title:</b> Safety  <b>Cross-referenced with:</b> Postings & Notifications (2-60)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

- A. CCAR will provide, via the Executive Director and all employees, a safe and healthy workplace environment for employees and visitors.
- B. Each employee is expected to obey safety rules and to exercise caution in all work activities.
- C. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate, remedy such situations, may be subject to disciplinary action, up to and including termination of employment.

**Practice/Procedure:**

- 1. CCAR will provide information to employees about workplace safety and health issues through regular internal communication channels such as employee meetings, bulletin board postings, memos, or other written communications.
- 2. Employees must immediately report any unsafe condition to the appropriate supervisor or Executive Director.
- 3. To comply with laws and initiate insurance and workers' compensation benefits procedures, all accidents that result in injury, regardless of how insignificant the injury may appear, must be immediately reported to the Executive Director and the appropriate manager/supervisor.
- 4. Employees who wish to make suggestions for Safety improvements should do so with their manager/supervisor, or the Executive Director.
- 5. Reports and concerns about workplace safety issues may be made anonymously if the employee wishes.
- 6. All reports can be made without fear of reprisal.

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<b>Policy Number:</b> 6-20	Final: 12/21/04
<b>Title:</b> Use of Technology and Social Media Systems	Revision: 12/16/09, 11/17/10, 2/2/17, 09/21/2020
<b>Cross-referenced with:</b> Use of Equipment (6-40)	

**Policy Statement:**

- A. CCAR may issue electronic equipment to employees solely for the use in performing job functions.
- B. Personal use of equipment such as computers, telephones and/or facsimile (fax) for long-distance and toll calls by staff are not permitted.
- C. Employees are to speak on the telephone in a courteous and professional manner at all times.
- D. The use of CCAR paid postage for personal correspondence is not permitted.
- E. Internet, Email, Texting and Social Media use is authorized to conduct company business only. Under no circumstances may company computers or other electronic equipment be used to obtain, view, or reach any pornography. Gambling and any other immoral, unethical, or illegal activity is strictly prohibited. Doing so can lead to disciplinary action up to and including termination of employment.

**Practice/Procedure:**

- 1. Employees should practice discretion when using CCAR equipment, telephones and facsimile (fax) when making personal calls/messages.
- 2. Employees will be informed by their manager/supervisor upon hire of the applicable CCAR cellular phone usage guidelines/limits.
- 3. The Administrative Office will review all telecommunications billing in order to verify calls made to be legitimate to CCAR work.
- 4. Employees may receive disciplinary action including termination for repeated offenses.
- 5. CCAR reserves the right to edit or amend any misleading or inaccurate content depicted online. CCAR also reserves the right to delete online content violating the code of conduct.
- 6. All CCAR email/browser accounts are subject to review by CCAR Administration.

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<b>Policy Number:</b> 6-30 <b>Title:</b> Smoking & Tobacco Use <b>Cross-referenced with:</b> Safety (6-10)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

- A. The use of any tobacco product is prohibited in all CCAR's offices, buildings, facilities and vehicles.
- B. This policy applies equally to all employees, members and visitors.

**Practice/Procedure:**

Any breach of this policy is to be reported to the appropriate manager/supervisor and/or the Executive Director.

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<b>Policy Number:</b> 6-40 <b>Title:</b> Use of Equipment <b>Cross-referenced with:</b> Safety (6-10)	<b>Final:</b> 12/21/04 <b>Revision:</b> 2/2/17
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**Policy Statement:**

- A. CCAR may issue equipment to employees solely for the use in performing job functions.  
CCAR will be responsible for any repair/replacement of equipment incurred during job use.
- B. Equipment is defined as: computer, projector, printer, fax, telephone/cell phone, desk, chair, file cabinet, etc.

**Practice/Procedure:**

- 1. In the event of a necessary repair to any issued equipment employees will be responsible for obtaining a written estimate from the CCAR approved vendor.
- 2. The written estimate is to be given to the Administrative Office.
- 3. Approval for repair/replacement is at the sole discretion of the Executive Director.
- 4. Any employee who authorizes a vendor to make repair/replacement without prior approval may be required to reimburse CCAR for such expense.
- 5. All CCAR equipment are subject to review by CCAR Administration.

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<b>Policy Number:</b> 6-50 <b>Title:</b> Use of Vehicles <b>Cross-referenced with:</b> Safety (6-10)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

- A. All CCAR employees must follow State and Federal rules and regulations governing the operations of vehicles.
- B. CCAR employees are authorized to use their own vehicles for work-related travel

**Practice/Procedure:**

1. As CCAR has no company vehicles, the following are guidelines for staff use of their privately-owned vehicles:
  - Drivers must have a valid driver's license.
  - Written proof of valid automobile insurance coverage must be provided annually.
  - It is recommended that a minimum of one rest stop of 15 minutes or more be taken for every 100 miles traveled.

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<b>Policy Number:</b> 6-60 <b>Title:</b> Mileage Reimbursement <b>Cross-referenced with:</b>	Final: 12/21/04 Revision: 09/26/08, 11/18/16, 09/21/2020
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**Policy Statement:**

- A. Authorized personal vehicle use for business will be reimbursed at a rate established by the IRS.
- B. The employees' normal round-trip commute from home to the office is not reimbursable.
- C. Staff meetings are considered mandatory and therefore not eligible for mileage reimbursement. Car pooling is encouraged.
- D. If you are approved to work a CCAR Special Event then you are eligible for mileage reimbursement

**Practice/Procedure:**

- 1. Employees must submit a monthly Expense Sheet to their manager/supervisor for mileage verification, approval and reimbursement.
- 2. A standard reimbursement measure for normal commute will be based upon *the mileage metrics* provided by Administrative Office.
- 3. The manager/supervisor is responsible to review and certify the employee's time mileage reimbursement request for accuracy and completeness prior to submitting it for processing.
- 4. The Administrative Office is responsible for processing reimbursement checks.

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<b>Policy Number:</b> 6-70  <b>Title:</b> Business Travel Expenses  <b>Cross-referenced with:</b> Employee Benefits (4-10) Use of Equipment (6-40) Use of Vehicles (6-50) Mileage Reimbursement (6-60)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 09/21/2020
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**Policy Statement:**

- A. CCAR will reimburse employees for reasonable business travel expenses incurred while on assignment away from the normal work location.
- B. Abuse of this business travel expense policy, including falsifying expense reports to reflect costs not incurred by the employee, can be grounds of disciplinary action, up to and including termination of employment.

**Practice/Procedure:**

1. All business travel must be approved in advance by the manager/supervisor and the Executive Director.
2. If approved, the actual costs of travel, meals, lodging, and other expenses directly related to accomplishing business travel objectives will be reimbursed by CCAR in accordance with the Federal Travel Regulations. To the extent possible, employees traveling to the same destination will commute in the same vehicle.
3. Expenses that generally will be reimbursed include the following:
  - Airfare or train fare for travel in coach or economy class or the lowest available fare.
  - Car rental fees.
  - Fares for taxis, shuttle or airport bus service, when available; costs of public transportation or other ground travel.
  - Mileage reimbursements will be calculated and processed as define in Section 6-60.
  - Cost of standard accommodations subject of the lodging rates allowable within the Federal Travel Regulations.
  - Cost of meals, subject to the Per Diem rates allowable within the Federal Travel Regulations.
4. Cash advances or prepaid debit cards to cover reasonable anticipated expenses may be made to employees after the travel has been approved.



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5. Cash advances that exceed actual travel costs will be returned to CCAR. All prepaid debit cards will be returned to CCAR.
6. Employees must submit actual travel expense reports, attaching receipts to support associated expenses, within the month of completed travel.
7. Generally, employees are permitted to combine personal travel with business travel, as long as time away from work is approved via the time off request process (Section 4-10). Additional expenses arising from such non-business travel are the sole responsibility of the employee.
8. Employees who are involved in an accident while traveling on business must immediately report the incident to the Executive Director and the Administrative Office. Vehicles leased or rented by CCAR may not be used for personal use.
9. Employees should contact their supervisor for guidance and assistance on procedures related to expense reports, reimbursement for specific expenses, or any other business travel issues.

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<b>Policy Number:</b> 7-20	Final: 12/21/04
<b>Title:</b> Military Leave	Revision: 11/17/10, 09/21/2020
<b>Cross-referenced with:</b>	

**Policy Statement:**

- A. The Executive Director will grant a military leave of absence to employees, except those occupying temporary positions, to attend scheduled drills or training, or if called to active duty with the U.S. armed services.
- B. CCAR employees are entitled to a military leave of absence from work without fear of loss of job, seniority, or pay subject to the following guidelines.

**Practice/Procedure:**

- 1. Employees will continue to receive full pay while on leave for two-week training assignments and shorter absences. The portion of any military leave of absence in excess of two weeks will be unpaid. However, employees may use any available paid time off for the absence.
- 2. Employees on two-week active duty training assignments or inactive duty training drills are required to return to work their first regularly scheduled shift after the end of training, allowing reasonable travel time. Employees on longer military leave must apply for reinstatement in accordance with all applicable state and federal laws.
- 3. Employees on two-week active duty training assignments or inactive duty training drills are required to return to work their first regularly scheduled shift after the end of training, allowing reasonable travel time.
- 4. Employees who serve in the military for more than 180 days must reapply for their position via the Director of Human Resources within 90 days of completing their military obligation.. Those who serve for 31-180 days must apply for reinstatement within 14 days. Individuals who serve for 30 days or less must report at the start of the next shift following eight (8) hours or returning directly home.
- 5. Every reasonable effort will be made to return eligible employees to their previous position or a comparable one. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service, such as the rate of vacation accrual and job seniority rights.

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<b>Policy Number:</b> 7-30  <b>Title:</b> Bereavement Leave  <b>Cross-referenced with:</b> Administrative Leave (7-50)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/21/2020
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**Policy Statement:**

- A. Paid bereavement leave will be provided to eligible employees in the following classification(s):
- Regular full-time employees
  - Regular part-time employees (over 20 hours per week) bereavement time off will be prorated based upon the individual's average workweek.
  - New Hire employees
- B. Employees will be granted a maximum of three (3) paid days off for bereavement of an immediate family member to be taken within five (5) days of the death or at a time approved by the Executive Director.
- An immediate family member is defined as:
    - Parent/step-parent/parent-in-law                      Spouse/spousal equivalent
    - Brother/step-brother                                      Sister/step-sister
    - Child/step-child/grandchild/child-in-law      Grandparent
    - Other family members as approved by the Executive Director

**Practice/Procedure:**

1. Bereavement pay is calculated based on the base pay rate at the time of absence.
2. Employees who will be absent are requested to notify their manager/supervisor as soon as possible after the death of one of the above.
3. Bereavement leave will be approved by the Executive Director; documented on request for leave forms; be classified for payroll purposes as administrative leave; and will occur in the absence of unusual operating requirements.
4. Any employee may, with the Executive Director's approval, use any available paid leave for additional time off as necessary.

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<b>Policy Number:</b> 7-40  <b>Title:</b> Worker's Compensation Leave of Absence (WCLOA)  <b>Cross-referenced with:</b> Employee Benefits (4-10) Worker's Compensation Insurance (4-60)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/21/2020
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**Policy Statement:**

- A. Worker's Compensation is protection for employees against loss of income because of lost time or death, and for costs or medical/surgical and hospital services resulting from an on-the-job injury or a job-related illness.
- B. The Director of Human Resources administers the worker's compensation program.

**Practice/Procedure:**

1. Paid time off, if available (vacation, sick personal) may be used for the first three (3) days of absence. Additional absences resulting from the initial illness or injury are compensated by the worker's compensation carrier.
2. To qualify for worker's compensation benefits, an employee must complete required employee injury report documentation, with Human Resources, as soon as possible after the occurrence of the accident or injury. This documentation is used to report and record all alleged employee accidents and/or all unusual occurrences even if there is no injury.
3. If initial physician examination indicates that there is a need for time away from work and/or further treatment is necessary, then the employee and the physician must complete a written request for any leave for occupational injury follow-up treatment to the Director of Human Resources.
4. Employees requiring follow-up treatment or occupational injury leave:
  - All insurances are maintained in compliance with Worker's Compensation.
  - Seniority is maintained while on a WCLOA.
  - "Leave of Absence" forms must be completed and submitted to the Director of Human Resources.
  - The employee is responsible for keeping the manager/supervisor and the Director of Human Resources informed of his/her progress.
  - Prior to returning from WCLOA, the employee must provide documentation from his/her physician indicating that the employee can return to work and any specific

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restrictions that apply.

5. Return to Work:

- The employee must return within the parameters of CCAR leave policies, including providing a physician clearance to return to work.
- The employee is required to return to duty the next scheduled workday after obtaining the physician's clearance to return to work.
- Worker's Compensation payments cease at the time of the physician's release to work.
- Employees who do not return to work within one (1) week of physician's clearance to return may be considered to have resigned their employment with CCAR.

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<b>Policy Number:</b> 7-50 <b>Title:</b> Administrative Leave <b>Cross-referenced with:</b> Bereavement Leave (7-30)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

Under unusual circumstances, including bereavement, emergencies such as severe weather, fires, power failures or earthquakes, the Executive Director may request that administrative leave be granted for employees.

**Practice/Procedure:**

The Executive Director must approve administrative leave.

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<b>Policy Number:</b> 7-60  <b>Title:</b> Absence Without Leave  <b>Cross-referenced with:</b> Employee Discipline (8-100)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10
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**Policy Statement:**

- A. Absence without leave is unauthorized and shall not be compensated.
- B. Absence without leave is any leave taken without receiving prior approval by the Executive Director.

**Practice/Procedure:**

- 1. Managers/Supervisors shall report any subordinate's absence without leave as soon as possible to the Executive Director.
- 2. An absence without leave may be grounds for disciplinary action.

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<b>Policy Number:</b> 8-10  <b>Title:</b> Employee Conduct and Work Rules  <b>Cross-referenced with:</b> Employment Termination (3-90) Employee Discipline (8-100) Employee Assistance Program (8-120)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 09/21/2020
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**Policy Statement:**

A. Employee Responsibilities

- It is the responsibility of all employees to provide excellent job performance and to conduct themselves in the highest standards of courtesy, sensitivity and respect.
- This policy includes a *non-inclusive* list of examples of typical conduct rules as well as guidelines for dealing with policy violations.

B. Manager/Supervisor Responsibilities

- It is the responsibility of each manager/supervisor to inform their employees of these rules, to discuss their purpose, and to see that they are observed.
- As per policy 8-100, Employee Discipline, should an employee fail to observe these rules, he/she will be coached and or issued written discipline and, when appropriate, given the help of training. If violations are repeated, the employee will continue to be warned in writing of the consequences, which may include a negative appraisal, the withholding of salary increases and promotions, suspensions and/or dismissal.

C. Violations and Major Violations

- Violations: Most employee breaches of rules regarding behavioral are considered Violations and should be dealt with by the manager/supervisor through the use of discipline, as per Policy 8-100, Employee Discipline.
- Major Violations: Because of the severity of Major Violations of rules regarding behavioral standards, as described by the *non-inclusive* examples herein, they must be dealt with by the manager/supervisor with a Final Written Warning or Termination as approved by the Executive Director.



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**Practice/Procedure:**

1. Violations Resulting in Progressive Discipline

- a) Certain standards of conduct are developed for our employees to follow. Violations of these rules will result in disciplinary action using the progressive discipline process.
- b) The following list of Violations is *not all-inclusive*, but merely serves as examples of the types of violations for which progressive disciplinary action will be taken.
- c) Examples of Violations:
  - Excessive and/or unauthorized absenteeism
  - Excessive and/or unauthorized lateness
  - Performing personal tasks while at work
  - Failure to attend mandatory staff meetings without prior approval
  - Creating unsafe or unsanitary conditions, or contributing to such by acts of omission
  - Inducing another employee to commit any breach of rules and regulations
  - Discourteous conduct toward any CCAR member, CCAR Volunteer, community partner, visitor or employee

2. Major Violations

- a) Commission of one of the acts listed as Major Violations, or a similarly equivalent act or omission, will usually result in the immediate suspension of the employee.
- b) If a major violation is determined to have occurred, a decision must be made whether to issue a Final Warning (with or without suspension) or terminate employment.
- c) All decisions to Suspend, issue a Final Warning or Terminate must be approved by the Executive Director.
- d) The following list of major violations is *not all-inclusive*, but merely serves as examples of the types of major violations for which action will be taken.
- e) Examples of Major Violations:
  - Member/Visitor abuse
  - Threatening or abusive conduct toward any member, visitor, volunteer, or employee
  - Insubordination or refusing work assignments
  - Stealing or willfully destroying or damaging CCAR property
  - Immoral or indecent conduct

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- Reporting for, or attempting to work while under the influence of, or in possession of alcohol, drugs, or narcotics (excluding prescriptions); or in a physical condition making it unsafe or unsatisfactory to continue employment
- Falsifying records
- Disclosing anything of confidential nature, including CCAR business matters or confidential information regarding a member

3. Action Taken

- a) Issues that may result in suspension and/or discharge will be referred to the Executive Director with a report and recommendation on discipline from the manager/supervisor.
- b) The Executive Director will review the recommendation and authorize appropriate action.
- c) If discharged for cause, an employee will be paid through the last day worked.
- d) Final Checks will be distributed to employees discharged for cause in accordance with state law.
- e) An employee discharged for cause forfeits all accrued benefits.

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<b>Policy Number:</b> 8-20  <b>Title:</b> Drug-Free Workplace  <b>Cross-referenced with:</b> Employee Discipline (8-100) Employee Assistance Program (8-120)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 09/21/2020
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**Policy Statement:**

- A. CCAR is committed to delivering all of its programs and services in a work environment free of substance abuse, and in compliance with Federal and State regulations.
- B. The "work environment" is considered to be all CCAR work sites, and any location where an employee represents CCAR including over-the-road travel in owned or rented vehicles and circumstances where the employee is being reimbursed for expenses.
- C. The following rules of conduct apply to all employees. Violation of these rules subjects employees to disciplinary action, up to and including discharge.

**Practice/Procedure:**

1. The unlawful manufacture, distribution, dispensation, attempted sale, possession, or use of a controlled substance is prohibited in the employee's work environment.
2. Being subject to the effects of alcohol or an illegal drug on CCAR property or in a CCAR vehicle is normally cause for dismissal. The effects of alcohol or an illegal drug does not excuse an employee's misconduct that violates any CCAR rule.
  - For example, an assault committed while subject to the effects of alcohol or an illegal drug will subject the employee to disciplinary action, up to and including discharge, because of the misconduct.
3. Any employee who appears to be under the influence of alcohol or drugs while in the work environment will be the subject of an immediate investigation. Similarly, any employee who is found to have any drugs in his or her possession (e.g., his or her privately owned vehicle, a CCAR rental vehicle or desk) will be the subject of an initial investigation. If employee use or possession is substantiated, disciplinary action will ensue.
4. Employees who are convicted for a drug or alcohol-related offense occurring in the workplace will be considered to be in violation of this policy and may result in termination.

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5. Employees who voluntarily request assistance in dealing with a personal alcohol or drug problem may participate in counseling or employee assistance program, though reassignment or leave of absence may be required. An employee's decision to seek voluntary help for a personal alcohol or drug problem is not to be used as a sole basis for disciplinary action against the employee.

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<b>Policy Number:</b> 8-30  <b>Title:</b> Sexual and Other Unlawful Harassment  <b>Cross-referenced with:</b> Employee Discipline (8-100) Conflict Resolution Procedures (8-110)	<b>Final:</b> 12/21/04 <b>Revision:</b> 11/17/10
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**Policy Statement:**

- A. Harassment of CCAR employees by management, supervisors, co-workers, volunteers, members, visitors or any agent of CCAR is prohibited by policy, as well as state and federal law.
- B. Harassment is defined as repeated intentional behavior that creates an intimidating, offensive or hostile working environment.
- C. Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature when:
  1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment or;
  2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual or;
  3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

**Practice/Procedure:**

1. Reporting Harassment
  - a) Employees are responsible for:
    - Treating all reports of harassment with confidentiality
    - Reporting any harassment to his or her supervisor/manager or any other member of management to whom the employee is comfortable or to the Director of Human Resources.

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b) Managers are responsible for:

- Treating all reports of harassment with confidentiality.
- Assuring that no reprisal will be taken against any employee bringing forth a harassment complaint in good faith or against any corroborating witness to the harassment.
- Immediately notifying the Executive Director of all harassment complaints.
- Thoroughly investigating and impartially resolving all harassment complaints. Any supervisor/manager who fails to promptly and thoroughly investigate such a complaint will be subject to disciplinary action or termination.

c) The Executive Director is responsible for:

- Treating all reports of harassment with confidentiality.
- Assuring that no reprisal will be taken against any employee bringing forth a harassment complaint in good faith or against a corroborating witness to the harassment.
- Conducting an independent investigation of the complaint if necessary and working with the respective supervisor/manager to resolve the issue and initiate appropriate disciplinary action or termination.

2. Any employee who desires information, counseling or advice regarding issues of harassment is encouraged to contact the Executive Director.
3. Any affected employee, who is dissatisfied with the conclusion or result of an investigation, or with any corrective measure taken, may appeal the decision in accordance with conflict resolution procedures in Section 8-110 of this Manual.

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<b>Policy Number:</b> 8-40  <b>Title:</b> Attendance & Punctuality  <b>Cross-referenced with:</b> Employee Benefits (4-10) Leave of Absence (7-10 thru 7-60) Employee Conduct and Work Rules (8-10) Employee Discipline (8-100) Employee Assistance Program (8-120)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

A. Regular and punctual attendance is a condition of employment.

- Due to its impact on staffing, operations and ultimately, member service, it is important that all employees report to work on time every day they are scheduled to work.
- While Employee Benefits (Section 4) provide for paid time off of work, this is provided as insurance for illness. If absenteeism and/or lateness becomes excessive, habitual or patterned then that employee may be subject to discipline.
- A poor attendance or punctuality record will be reflected in the employee's annual performance appraisal.
- Whether or not disciplinary action is issued, certain absences may cause employees to be ineligible for paid time off. For example if an employee fails to call in, calls in late, etc.
- Whether or not disciplinary action is issued, lateness may cause the non-exempt employee to not be paid.

B. Each supervisor/manager is accountable, via performance appraisal, for the attendance and punctuality of the employees that they supervise.

**Practice/Procedure:**

1. Definitions

a) Scheduled and Unscheduled Absences:

- An absence that has been approved with at least 24 hours notice by an employee's supervisor/manager is considered scheduled.

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- Absences of one (1) day with less than 24 hours notice is considered unscheduled.
- An unscheduled absence from work for less than one (1) day, but at least one (1) hour, is considered an unscheduled absence.

b) Tardiness

- An employee arriving after their scheduled reporting time without prior approval from their supervisor/manager is considered late.
- Employees who are late by more than one (1) hour are considered to have had an unscheduled absence.
- Employees are not permitted to work prior to their scheduled reporting time without prior approval from their supervisor/manager.

c) Workers Compensation

- Any absence from work that qualifies for worker's compensation benefits (7-40) will not be considered an occurrence under this policy.

d) Occurrence: An occurrence is defined as any of the following:

- One (1) or more consecutive unscheduled absence days equals one (1) occurrence.
- Patterned Absence:
  - Unscheduled Absence days that coincide with other scheduled days off or similar patterns (e.g. Friday and Monday absences following weekends off or paid time off, additional days after paid time off, additional sick time after holiday time, before or after a scheduled day off).
  - Two (2) patterned days equals one occurrence.
- Excessive Tardiness: An occurrence equals:
  - Three (3) incidents of tardiness during a one (1) month period; or
  - Four (4) incidents of tardiness in two (2) consecutive months or any patterned incident of tardiness.



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- **Unscheduled Early Departure**
  - An occurrence equals two (2) incidents of unscheduled early departure of less than one (1) hour over a 12 month period. However, an unscheduled early departure without advance notice and permission from the supervisor/manager is considered job abandonment and is a major violation.

2. **Coaching and Progressive Discipline Procedures:**

The following standards serve as guidelines for supervisors/managers as they seek to identify and correct an employee's unacceptable attendance or lateness. These guidelines are not intended to serve as an exhausted list.

a) **General Attendance and Punctuality Guidelines:**

- If, during any 12 month period, an employee has five (5) occurrences or more the supervisor/manager should coach the employee.
- After coaching, two (2) occurrences or less over the next six (6) months will generally require further disciplinary action.

b) **Written Caution**

- After coaching, more than two (2) occurrences over the next six (6) months will generally require the initiation of the formal discipline process with a written caution.
- After the written caution, one (1) occurrence or less within the next six (6) months will generally not require further disciplinary action at that time.

c) **Written Warning**

- After the written caution, two (2) or more occurrences over the next six (6) months will generally require implementation of a written warning.
- After the written warning, one (1) occurrence or less within the next six (6) months will generally not require further disciplinary action at that time.

d) **Final Written Warning**

- After the written warning, two (2) or more occurrences over the next six (6) months will generally require the supervisor/manager to make a recommendation to the Executive Director to implement a final written warning.

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- After the final written warning, one (1) occurrence or less within the next six (6) months will generally not require further disciplinary action or termination at that time.

e) Termination

- After the final written warning, two (2) or more occurrences over the next six (6) months will generally require the supervisor/manager to make a recommendation to the Executive Director to terminate the employee.

3. Employee Assistance Program Situation

- If the supervisor/manager becomes aware of an employee's physical or personal problem that may be causing the attendance or lateness problem, the supervisor/manager may discuss with the employee possible solutions to the problems, such as EAP referral or change in work assignment/duties.

4. Presumed Resignation

- If an employee is absent for three (3) consecutive work days and fails to give notification of his/her absence, the employee may be deemed to have abandoned his/her job and resigned and will be discharged without further notice (See also 7-60).

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<b>Policy Number:</b> 8-50	Final: 12/21/04
<b>Title:</b> Employee Dress & Appearance	Revision: 09/26/08, 09/21/2020
<b>Cross-referenced with:</b>	

**Policy Statement:**

Employees are representatives of CCAR. Given that, all employees must present in a neat, clean and presentable fashion when conducting CCAR work. Casual business attire is always appropriate.

- A. As a general rule, tank tops, halters, shorts or similar types of attire are not considered acceptable.
- B. Appropriate footwear is required.

**Practice/Procedure:**

1. Employees are responsible for adhering to this policy. They should speak with their supervisor/manager for clarification on appropriate dress and appearance.
2. Supervisors/managers are responsible for enforcing the policy with all direct reports.
3. Employees may consult with the Director of Human Resources if they have questions as to what constitutes appropriate dress and appearance.

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<b>Policy Number:</b> 8-60  <b>Title:</b> Return of Property  <b>Cross-referenced with:</b> Employment Termination (3-90) Use of Equipment (6-40)	<b>Final:</b> 12/21/04 <b>Revision:</b> 11/17/10
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**Policy Statement:**

- A. Employees are responsible for all CCAR property, materials, keys, or written information issued to them or in their possession or control.
- B. Employees must return all CCAR property immediately upon request or upon termination of employment.
- C. CCAR may be required to call the police department for substantial items not returned.
- D. An employee utilizing CCAR property, or the property of others in CCAR for personal use or advantage, without appropriate approval or otherwise not following appropriate procedures will subject that employee to disciplinary action.
- E. This policy applies, but is not limited to copying machines, computers, tools, instruments, implements, etc.
- F. CCAR may take all action deemed appropriate to recover or protect its property.

**Practice/Procedure:**

- 1. Employees are responsible for adhering to this policy. They should speak with their supervisor/manager if they have any questions.
- 2. Supervisors/managers are responsible for enforcing this policy with all direct reports.
- 3. All property shall be returned to the supervisor/manager when necessary.
- 4. Administration will maintain a written log of CCAR property issuance for all employees.

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<b>Policy Number:</b> 8-70  <b>Title:</b> Security Inspections  <b>Cross-referenced with:</b> Drug-Free Workplace (8-20)	<b>Final:</b> 12/21/04 <b>Revision:</b>
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**Policy Statement:**

- A. CCAR wishes to maintain a work environment that is free of illegal drugs, tobacco products, alcohol, firearms, explosives, or other improper materials. To this end, CCAR prohibits the possession, transfer, sale, or use of such materials on its premises. CCAR requires the cooperation of all employees in administering this policy.
- B. Desks, lockers, and other storage devices may be provided for the convenience of employees but remain the sole property of CCAR. Accordingly, any agent or representative of CCAR can inspect them, as well as any articles found within them, at any time, either with or without **prior** notice.

**Practice/Procedure:**

Any security inspections deemed necessary by CCAR management will be conducted by a member of management and the Executive Director.

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<b>Policy Number:</b> 8-80	Final: 12/21/04
<b>Title:</b> Conflicts of Interest	Revision:
<b>Cross-referenced with:</b>	

**Policy Statement:**

- A. Employees should not engage in any activity that is detrimental to CCAR or deprives it of legitimate revenues. Employees should not improperly use their position in order to benefit themselves, relatives, friends or other businesses.
- B. In the performance of their job, employees have the duty to act in the best interests of CCAR, rather than those of others. Employees should avoid financial interests in, or with, any person, service, program or business with whom CCAR competes or does business which might affect their judgement in performing their duties.
- C. For this purpose a “competitor” of CCAR is any business, service or program which provides products or services similar to those provided by CCAR.
- D. Because CCAR adds, improves and changes its services periodically, employees should reexamine their investments from time to time to ensure compliance with this policy.

**Practice/Procedure:**

- 1. **Duty to Disclose:** Any employee who engages in any activity, investment or interest which may be affected by this policy must provide, in writing to their manager/supervisor, relevant information about the activity so that CCAR may determine conformance with this policy. Such information should be updated when circumstances change.
- 2. The manager/supervisor must forward written disclosures to the Executive Director.
- 3. The Executive Director, as required, will take appropriate action regarding the disclosure.

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<b>Policy Number:</b> 8-90  <b>Title:</b> Confidentiality  <b>Cross-referenced with:</b> Employee Conduct & Work Rules (8-10) Employee Discipline (8-100)	<b>Final:</b> 12/21/04 <b>Revision:</b> 03/2011 3/02/2020, 09/21/2020
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**Policy Statement:**

- A. CCAR employees are responsible for and are to respect the privacy and hold in strict confidence all information regarding CCAR employees, CCAR volunteers, recoverees, families and allies. CCAR employees should not communicate the medical conditions or circumstances of employees, and their families under any circumstances.
- B. Employees are to safeguard all information of a confidential nature and refrain from disclosing any portion thereof, except in the manner and to the extent authorized by law.
- C. Discussion of aspects of CCAR, such as disclosure of salary or other confidential personnel matters either to another employee not entitled to the information or to a person outside CCAR is strictly prohibited.
- D. No personnel records shall be removed from the premises. This also applies to copies of these records or any portion thereof.
- E. CCAR must obtain prior member consent should personal information of any kind be contemplated for disclosure either in an annual report or any other CCAR publication, including web postings.

**Practice/Procedure:**

- 1. Employees are expected to adhere to this policy. All questions should be directed to the supervisor/manager.
- 2. Supervisors/managers are responsible for ensuring that all direct reports are cognizant of rules and guidelines for confidentiality.
- 3. Any employee to breach confidentiality shall be disciplined, up to and including termination.

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<b>Policy Number:</b> 8-100  <b>Title:</b> Employee Discipline  <b>Cross-referenced with:</b> Employee Conduct & Work Rules (8-10) Employee Assistance Program (8-120)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10
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**Policy Statement:**

- A. While at times it may be necessary to discipline an employee, the administration of discipline should be fair and consistent and taken only after careful consideration of disciplinary options and procedural guidelines outlined in this policy.
- B. The ultimate goal of CCAR disciplinary policy is to improve improper behavior and to reduce the likelihood of its recurrence.
- C. Before using discipline, CCAR supervisors/managers must ensure that these policies and procedures have been carefully followed and, when necessary or required, he/she has consulted with the Executive Director. The Executive Director is responsible to ensure the fair and consistent application of employee discipline throughout CCAR.
- D. No employee may be suspended, issued a final warning or terminated without prior approval by the Executive Director.
- E. If an employee transfers to another position, she/he will continue in any previously established disciplinary plan of corrective action.
- F. Although the passage of time normally reduces the impact of formal disciplinary actions, disciplinary actions remain part of an active employee's personnel file and may not be expunged.

**Practice/Procedure:**

1. Types of Discipline

a) Discipline for Violations:

- For Violations, such as those listed in the Employee Conduct & Work Rules policy (Section 8-10), "Coaching" and, if necessary, "Progressive Discipline" should be followed.



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- When issuing formal written disciplinary actions as noted below, supervisors/managers should use the “Employee Discipline Notice” form.
- The following is a sequential listing of such actions.
- Coaching
  - Coaching is not formal discipline. That means it is a preliminary step, and not an official step in formal discipline.
  - Coaching is similar to what others may call “verbal counseling” and does not become part of an employee’s official personnel file. However, the supervisor/manager should record the date and topic of coaching discussions for their own record.
  - Failure to improve in the problem area(s) after Coaching will result in the supervisor issuing formal disciplinary action.
- Written Caution
  - The Written Caution is the first formal step in the disciplinary process.
  - The Written Caution is used after Coaching has taken place regarding a continuing employee conduct problem.
  - Depending on the seriousness and type of performance or conduct problem, the Written Caution generally should not be issued more than twice before moving to the next step.
- Written Warning
  - The Written Warning is the second formal step in the disciplinary process and is normally used in sequence after a Written Caution has been issued.
  - As with the Written Caution, the Written Warning may be repeated as circumstances dictate. In such cases a second Written Warning follows an earlier first Written Warning and is considered more serious discipline than earlier Written Warnings.
  - The Written Warning will include a description of the problem, expectations for improvements, any other disciplinary actions imposed, consequences, and review time frame. A copy of the written warning will be given to the employee within five (5) days of the infraction, and will be placed into his/her personnel file.
- Final Warning
  - The Final Warning is the next and last step in the progressive discipline process and is issued by the supervisor/manager if earlier disciplinary actions have failed

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to stop repetition of an employee's unsatisfactory conduct.

- A decision to issue a Final Warning is a decision to no longer utilize lesser forms of discipline. Any future conduct problems will result in termination.
  - The supervisor/manager may issue the employee a Final Warning with a Suspension without pay **only** after the Executive Director makes authorization. Copies of the document will be provided to the employee within five (5) days of the infraction and be placed within his/her personnel file.
  - Suspension can be used without progressive discipline in cases in major infractions and in situations where it is necessary to conduct an investigation.
- Termination: Termination is not progressive discipline and is the last step after every other reasonable attempt to correct the problem(s) has been tried and not produced the necessary results.
  - A supervisor/manager may, **only** with authorization from the Executive Director, start the disciplinary procedure at either the Written Caution or Written Warning step.

b) Major Violations

- Because Major Violations are so serious, discipline in response to such extreme employee behavior and job conduct does not require normal Progressive Discipline steps.
- If a Major Violation is committed by an employee then the supervisor/manager shall consult with the Executive Director and issue the employee one of the following:
  - Final Warning (with or without an unpaid disciplinary Suspension). The length of a suspension is based on the nature of the infraction and its frequency; or
  - Termination

c) Discipline for Supervisory Management Employees

- Due to the potential extreme impact that conduct problems with supervisory management staff can cause, even common violations will involve an accelerated discipline process. Therefore, the supervisor issuing the discipline must consult with the Executive Director before taking any action.

d) Discipline for Employees in their Evaluation Period

- Unless there is extreme conduct, employees in their evaluation period should have some discussions with their supervisor/manager regarding conduct problems and an opportunity to improve. However, after consultation with the Executive Director, the supervisor/manager reserves the right to recommend termination of the employee at any time.

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2. Employee Assistance Program (EAP): In order to ensure that the employee is aware of CCAR EAP any employee discipline notice will contain information about the EAP. When appropriate the supervisor/manager should also discuss with the employee that the EAP may be a helpful option to deal with personal issues that may be contributing to his/her conduct problems.
3. Completing the CCAR Employee Discipline Form: Unless authorized by the Executive Director the supervisor/manager should use and complete the CCAR Employee Discipline Form when issuing a disciplinary action. The supervisor/manager will ensure that one copy of the disciplinary action form is given to the employee. The supervisor/manager may also retain another copy for their records. The Director of Human Resources will receive the original form to be placed in the employee's personnel file.

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<b>Policy Number:</b> 8-110	Final: 12/21/04 Revision: 11/17/10
<b>Title:</b> Conflict Resolution Procedures: Resolving Disagreements	
<b>Cross-referenced with:</b> Employee Discipline (8-100)	

**Policy Statement:**

- A. It is the policy of CCAR to anticipate and avoid the occurrence of complaints or conflicts by employees, but also to respond promptly to any which may arise.
- B. The conflict resolution procedure is not intended to be a review process for job performance evaluations and is not applicable after an employee has been terminated.

**Practice/Procedure:**

The following is the Employee Conflict Resolution Procedure which CCAR will attempt to follow whenever possible.

1. Conflict Resolution Process

- a) **STEP ONE:** The conflict must be discussed verbally with the immediate supervisor/manager by the aggrieved employee. If your conflict is with your supervisor/manager you may contact the Executive Director. If a satisfactory settlement is not reached within three (3) days, an employee may proceed to the next step.
- b) **STEP TWO:** The conflict must be put in writing by the aggrieved employee and given to the Executive Director. The Executive Director shall meet with the employee as soon as possible to discuss the conflict. If a satisfactory settlement is not reached within five (5) days an employee may proceed to the next step. A written summary of this meeting and a copy of the employee's initial written conflict will be transmitted to the conflict resolution committee for their information and review within five (5) days.
- c) **STEP THREE:** The written conflict should be given to the Conflict Resolution Committee by the aggrieved employee. The Conflict Resolution Committee will consist of other staff members who are not in the chain of command, plus the Executive Director. If a satisfactory settlement is not reached as a result of this meeting within seven (7) days, the next step is:
- d) **STEP FOUR:** The Board of Directors, or the Executive Director and the Board of Directors jointly will then investigate the matter fully and render a written decision within

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30 days. The request for a formal hearing before the Board must be put in writing. The individual who files the conflict may be accompanied by a representative of their own choosing, at their own expense. Testimony, if any, shall be given under oath and shall be subject to cross examination. The decision of the CCAR Board of Directors is final.

2. Conflict Resolution Rules

- a) Conflicts concerning a suspension or discharge may be presented to the Executive Director initially within five (5) working days of the suspension or discharge.
  - b) The time limits stated in this section shall not include Saturday, Sunday and Holidays, nor authorized vacation.
  - c) If an employee does not initiate a conflict resolution within the time limits stated or does not appeal from one step to the next within the time limits stated, the conflict will normally be considered resolved and no longer subject to the steps of the conflict resolution procedure.
  - d) Conflict decisions shall not be considered precedent setting for other conflicts.
  - e) The conflict and any information relating to it will be held in confidence.
  - f) All employee conflict submissions at all steps must be made in writing.
  - g) The complete record of the conflict will be placed in the personnel file of the employee who brought about the conflict.
3. For conflicts involving the Executive Director, the Board of Directors can be contacted directly. The Board of Directors is only authorized to take action in matters of CCAR during an authorized meeting in which a quorum of members is present.

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<b>Policy Number:</b> 8-120  <b>Title:</b> Employee Assistance Program  <b>Cross-referenced with:</b> Attendance & Punctuality (8-40) Employee Discipline (8-100) Conflict Resolution Procedures (8-110)	<b>Final:</b> 12/21/04 <b>Revision:</b> 09/26/08, 11/17/10
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**Policy Statement:**

- A. When job performance and/or conduct problems occur, where appropriate, supervisory attention will include suggesting the Employee Assistance Program. Employees should be encouraged to seek assistance to determine if personal or other problems are causing unsatisfactory performance.
- B. It is the responsibility of all supervisors/managers to utilize this program by recognizing the earliest indication of a recurrent pattern of substandard job performance and by bringing it to the attention of the employee along with suggesting a referral to the Employee Assistance Program. Supervisors/managers should honor the fundamental right of employee privacy by not diagnosing or inquiring about the nature of an employee's personal problem impacting on job performance.
- C. Sick time may be granted for treatment or rehabilitation on the same basis as is granted for other health problems. Consideration will also be given for the use of leave without pay if paid leave is not available.
- D. This policy does not alter or replace existing disciplinary policy, but rather is intended to assist in its utilization.

**Practice/Procedure:**

- 1. The program is fully endorsed by CCAR Administration.
- 2. The program will be available to all active employees and their family members.
- 3. The overall goal is to identify and deal with problems using brief treatment and/or to make referral to appropriate services.
- 4. Employees may access EAP through these mechanisms:
  - a) Self-Referral – the employee may directly contact any identified EAP counselor.

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- b) Supervisory Referral – the supervisor/manager encourages an employee to contact EAP. However, the employee may not be disciplined for refusal to go to EAP.
- 5. Each contact with a counselor will be strictly confidential. All records involved will remain strictly confidential and locked in the counselor's files.
- 6. The counselor will inform the employee of any issues identified by law, or for safety and security reasons that must be reported to others.

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<b>Policy Number:</b> 8-130  <b>Title:</b> Code of Ethics and Conduct (Whistleblower Policy)  <b>Cross-referenced with:</b> Employee Conduct and Work Place (8-10) Conflicts of Interest (8-80) Conflict Resolution Procedures (8-110)	<b>Final:</b> 3/23/06 <b>Revision:</b> 11/17/10, 09/21/2020
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**Policy Statement:**

- A. CCAR's Code of Ethics and Conduct ("Code") requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. CCAR employees and representatives must practice honesty and integrity in fulfilling responsibilities and comply with all applicable laws and regulations.
- B. CCAR directors, officers and employees must comply with the Code and report violations or suspected violations in accordance with this Whistleblower Policy.
- C. No CCAR director, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within CCAR prior to seeking resolution outside CCAR.
- D. Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.
- E. Violations or suspected violations may be submitted on a confidential basis or submitted anonymously.
- F. CCAR will acknowledge receipt of a reported violation or suspected violation within five (5) business days.
- G. CCAR will promptly investigate all reports of Code Violation.



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**Practice/Procedure:**

1. In following CCAR's open door policy, employees can share their questions, concerns, suggestions or complaints with their supervisor who in most cases is in the best position to address an area of concern.
2. When not comfortable speaking with a supervisor or not satisfied with the supervisor's response, the employee may speak with anyone in management with whom they are comfortable in approaching.
3. Supervisors and managers are required to report suspected violations of the Code to CCAR's Executive Director and/or Board of Directors, who has specific and exclusive responsibility to investigate all reported violations.
4. For suspected fraud, or when not satisfied or uncomfortable with following CCAR's open door policy, employees should contact CCAR's Executive Director or Board of Directors directly.
5. Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.
6. The Executive Director and/or Board of Directors will investigate and resolve all reported complaints and allegations concerning violations of the Code.
7. The Board of Directors shall address all reported concerns or complaints regarding CCAR's accounting practices, internal controls or auditing. The Board of Directors shall be immediately notified of any such complaint and shall work on such complaint until the matter is resolved.
8. The Executive Director and/or Board of Directors will notify the complainant and acknowledge receipt of the reported violation or suspected violation within five (5) business days.
9. The Executive Director and/or Board of Directors will promptly investigate all reports and appropriate corrective action will be taken if warranted by the investigation.
10. The Executive Director and/or Board of Directors will take appropriate disciplinary action if any allegations have been made falsely or maliciously.
11. The Executive Director and/or Board of Directors will report to the Finance Committee at least annually on compliance activity.

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## **9-10 DEFINITIONS**

**APPOINTMENT:** The filling of a properly authorized position through employment of a person, either as a new hire or promotion, subject to the terms and conditions of CCAR employee policies.

**CORRECTIVE ACTION:** An action prompted by the Executive Director and/or immediate supervisor of an employee demonstrating unsatisfactory performance or undesirable behavior.

**DISCIPLINARY ACTION:** An action taken after all other corrective action procedures have been taken, or in cases involving serious misconduct, such as a breach of policy or violation of law.

**DISCHARGE:** Involuntary termination of an employee's employment with CCAR for cause.

**EMPLOYEES:** Any person hired by CCAR, or who has been employed with CCAR and/or who has been authorized a leave of absence.

**EMPLOYMENT DATE:** The date an employee commences performance of duties for CCAR, also known as Hire Date.

**EXEMPT EMPLOYEE:** An employee appointed to perform executive and managerial duties and responsibilities who is exempt from federal and state wage and hour laws.

**FLEXTIME:** The ability to vary employee work schedules when reasonable or in order to meet operating requirements or other needs that cannot be met during regular working hours.

**CONFLICT:** A formal complaint or expressed dissatisfaction by an employee against an action by management.

**IMMEDIATE FAMILY:** The employee's Parent/step parent/parent-in-law, spouse/spousal equivalent, brother/step-brother, sister/step-sister, child/step-child/grandchild, grandparent, domestic partner.

**LAYOFF:** Employment separation deemed necessary by reason of lack of work or funds, due to program reduction, reorganization or any other organizational revision.

**LEAVE:** The authorized absence from regularly scheduled work hours that has been approved by the proper authority.

**NEPOTISM:** Favoritism occurring in official business on the basis of family relationships.

**NEW HIRE EMPLOYEE:** Employee whose performance is being evaluated to determine

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whether further employment is a specific position or with CCAR is appropriate.

**OVERTIME:** Straight time will be paid for any hours worked between 35 and 40. Time and one-half will be paid for any hours worked by non-exempt classified employees for any hours worked over 40. Overtime must be approved in advance by the Executive Director.

**PAY RATE:** The amount of pay established for a designated position.

**PERFORMANCE APPRAISAL:** The evaluation of an employee's actual performance as compared to the performance standards established within the position description.

**PERSONNEL ACTION:** Any action taken with reference to appointment, compensation, promotion, transfer, layoff, dismissal, or any other action affecting status of employment.

**PERSONNEL FILE:** The official employee record maintained in confidentiality in the personnel file/record.

**POSITION DESCRIPTION:** Identifies the duties and responsibilities assigned to a position, as well as the position title, supervisor and minimum qualification requirements.

**REPRIMAND:** An oral or written warning to an employee that a supervisor believes a deficiency exists in the employee's work performance or conduct and improvement is needed.

**SENIORITY:** Priority of an employee based upon the length of the employee's continuous employment with CCAR since the hire date.

**SUPERVISOR:** An individual with the authority to train, direct and review the work of one or more subordinates.

**SUSPENSION:** A disciplinary action that temporarily removes an employee from work with or without pay for misconduct.

**VACANCY:** An approved and funded position that is not occupied.

**WITHHOLDING:** A portion of an employee's earnings withheld by the employer to pay for such employee obligations as taxes, etc.

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**EMPLOYEE POLICY & PROCEDURE MANUAL  
ACKNOWLEDGEMENT FORM**

- The Personnel Policies & Procedures Manual describes important information about CCAR, and I understand that I should consult my supervisor and/or the Executive Director regarding any questions not answered in the Manual.
- Since the information, policies, procedures, and benefits described herein are subject to change, I acknowledge that revisions to the Manual may occur. I understand that revised information may supersede, modify, or eliminate existing policies or procedures. Only the Board of CCAR has the ability to adopt any revisions to the policies in this Manual.
- Furthermore, I acknowledge that this Manual is neither a contract of employment nor a legal document. I have reviewed the Manual and am aware of its location should I need to access it in the future. I understand that it is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

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Employee Signature

Date:

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Executive Director Signature

Date:

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**CCAR EMPLOYEE ORIENTATION ACKNOWLEDGEMENT FORM\***

\*The Director of Human Resources will put initials in each category that they complete with new employee.

\_\_\_\_\_ Office Orientation

\_\_\_\_\_ Confidentiality

\_\_\_\_\_ Position Description/Expectation

\_\_\_\_\_ Employee Ethics

\_\_\_\_\_ Work Conditions & Hours

\_\_\_\_\_ Drug-Free Workplace

\_\_\_\_\_ Timekeeping/Payroll

\_\_\_\_\_ Employee Conduct & Discipline

\_\_\_\_\_ Employee Benefit Program

My signature below confirms that I have received/completed all required aspects of new employee orientation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date



## Job Description

**Title:** ED Recovery Coach

**Reports to:** ED Recovery Coach Manager

**FLSA Status:** Non-Exempt

**Hours:** 35 per week

**Date:** November 2016

**Position Summary:** The ED Recovery Coach will provide recovery coaching services in hospital emergency departments serving as a motivator, recovery resource broker, mentor and liaison.

### Qualifications:

- Certificate of completion of the CCAR Recovery Coach Academy®.
- Certificate of completion of Ethical Considerations for Recovery Coaches® preferred.
- Certificate of completion of Spirituality for Recovery Coaches® preferred.
- Certificate of completion of Recovery Coaching in Professional Settings™ preferred.
- Recovery Coach Professional (RCP) designation or in process to earn designation.
- Experience with the addiction recovery process.
- Understanding of medication-assisted recovery and practices.
- Familiarity with local support services, resources and recovery community.
- Capability of building an effective coach-recoveree relationship.
- Demonstrated skill in actively listening, asking good questions, awareness of self and treating people as resources.
- Understanding of and ability to maintain appropriate boundaries.
- Ability to work within a hospital setting.
- Availability to work different shifts as necessary.
- Cross-cultural skills, and experience with culturally diverse populations.
- Bilingual abilities are a plus.
- A valid driver's license, insurance and reliable vehicle required.
- Strong customer service ethic essential.

### Duties and Responsibilities:

- Provides recovery coaching primarily in hospital emergency rooms.
- Work closely with Emergency Department personnel and staff.
- Facilitate timely referrals and placements from hospital to treatment/recovery support providers.
- Connect patients to a larger community of care.
- Follow up recovery coaching with ED recoverees as requested.
- Engage in recovery planning with recoveree.
- Educate and assist family members as requested.
- Serve as a recovery ambassador.
- Promote the message and services of CCAR.
- Participate in ongoing recovery coach training, education and performance support.
- Report writing, record keeping as required by CCAR and/or hospitals.
- Travel required.
- Other duties as required.

**Physical Abilities:**

Physical Abilities	N/A	Occasionally	Frequently	Constantly
Standing			X	
Walking			X	
Sitting			X	
Stoop, kneel, crouch, crawl, bend		X		
Handling/Fingering			X	
Reach Outward/Above		X		
Taste and Smell	X			
	Less than 10 lbs	10 lbs to 50 lbs	50 lbs to 100 lbs	More than 100 lbs
Lifting		X		
Visual Requirement	20/20 Correctable Vision			

**Emergency Dept. Recovery Coach Reporting Form**

Name:

Week:

Date:

**1. EDRC Coaching:** Report on any other achievements, issues and/or challenges working with recoverees. Report significant teamwork throughout the week. Record any inspirational quotes and/or stories here. Use box below for your response.

a) How many times were you called to Backus (Norwich) Hospital?	
b) How many times were you called to Bristol Hospital?	
c) How many times were you called to Charlotte Hungerford (Torrington) Hospital?	
d) How many times were you called to Danbury Hospital?	
e) How many times were you called to Day Kimball (Putnam) Hospital?	
f) How many times were you called to Griffin Hospital ED? (Derby)	
g) How many times were you called to Hartford Hospital?	
h) How many times were you called to Hartford Hospital – CL?	
i) How many times were you called to Hospital of Central Connecticut (New Britain)?	
j) How many times were you called to Johnson Memorial (Stafford Springs) Hospital?	
k) How many times were you called to Lawrence & Memorial (New London) Hospital?	
l) How many times were you called to Manchester Hospital?	
m) How many times were you called to Middlesex ED?	
n) How many times were you called to Mid State (Meriden) Hospital?	
o) How many times were you called to New Milford Hospital?	
p) How many times were you called to Norwalk Hospital?	
q) How many times were you called to Plainfield-Backus ED?	
r) How many times were you called to Rockville hospital?	
s) How many times were you called to Saint Francis Hospital?	
t) How many times were you called to Saint Mary's (Waterbury) Hospital?	
u) How many times were you called to Saint Vincent's ED? (Bridgeport)	
v) How many times were you called to Stamford Health?	
w) How many times were you called to Windham Hospital?	
x) How many times were you called to VA – Rocky Hill?	

**2. Hospital Relationship:** Describe any interaction with hospital staff that was notable.

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**3. ED Telephone Recovery Support (TRS):** Describe activity around entering recoverees in ED TRS including any achievements, teamwork, issues and/or challenges. Record any inspirational quotes and/or stories here. Use box below for your response.

a. How many recoverees did you enroll in TRS?	
b. How many recoverees are you calling daily?	

**4. Resource Gathering:** Please report any interaction with statewide or community providers and any information passed to the team.

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**5. Administrative:** Record any significant administrative work here.

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**6. Other duties:** Record any significant "other duty" work here.

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CONNECTICUT COMMUNITY  
FOR ADDICTION RECOVERY

### **CCAR Vision**

The Connecticut Community for Addiction Recovery (CCAR) envisions a world where the power, hope and healing of recovery from alcohol and other addiction is thoroughly understood and embraced.

### **CCAR Mission**

The Connecticut Community for Addiction Recovery (CCAR) organizes the recovery community (people in recovery, family members, friends and allies) to

- 1) put a face on recovery and
- 2) provide recovery support services
- 3) train and educate others about recovery from alcohol and other addictions.

By promoting recovery from alcohol and other addiction through advocacy, education and service, CCAR strives to end discrimination surrounding addiction and recovery, open new doors and remove barriers to recovery, maintain and sustain recovery regardless of the pathway, all the while ensuring that all people in recovery, and people seeking recovery, are treated with dignity and respect.