

# September Staff Meeting

*Joining Hands Visitation*

09/15/2019



# AGENDA

## *Discussion Points*

### ▶ VISIT PROTOCOL

- ❖ VISIT REPORT CLINIC
- ❖ INCIDENT REPORTING
- ❖ INTERVENTION DURING A VISIT

### ▶ MANDATORY REPORTING

- ❖ REPORTING CHILD ABUSE & NEGLECT
- ❖ SUICIDE PREVENTION RESOURCES
- ❖ MEDICAL EMERGENCIES

### ▶ HUMAN RESOURCES

- ❖ UPCOMING ALLIANCE TRAININGS
- ❖ ACKNOWLEDGEMENTS & ANNOUNCEMENTS

### ▶ WRAPUP



# VISIT PROTOCOL



# Visit Reports

*Due Within 3 Business Days*

- ▶ Must be turned in by **6:00 PM** on **EVERY WEDNESDAY** for the previous week.
  - **NOT** just before payday. **NO EXCEPTIONS.**
- ▶ Considered DCYF property; a client's attorney must request access directly from the Social Worker
- ▶ Need to write a transportation only report?
  - Submit a regular visit report indicating **TRANSPORTATION ONLY** and report your pickup and drop off times.
  - Tick the remaining check boxes **in each section** as appropriate and include the comment:
  - ***"It is assumed so, as this is an unsupervised visit."***

CHILDREN'S ADMINISTRATION Visit Report: Parent – Child Visit		<input type="checkbox"/> Monitored <input type="checkbox"/> Supervised <input checked="" type="checkbox"/> Transportation Only
CASE NAME <b>Howard</b>	CASE NUMBER <b>1981412</b>	
DATE OF VISIT <b>06/24/2019</b>	TIME OF VISIT FROM: <b>2:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM TO: <b>6:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
ASSIGNED CA STAFF <b>Kim Tucker</b>	OFFICE <b>Aberdeen</b>	
AGENCY NAME <b>Joining Hands Visitation</b>	VISIT LOCATION <b>Family Home in Aberdeen, WA</b>	
Visit Participants		
NAME AND WHO THEY ARE: CHILD, PARENT, RELATIVE, FOSTER PARENT OR PROVIDER		NAME AND WHO THEY ARE: CHILD, PARENT, RELATIVE, FOSTER PARENT OR PROVIDER
<b>Je. Howard - Youngest Child</b>		
<b>S. Howard - Mother</b>		
Describe the parent-child interaction / actions using behaviorally specific language: Child / Parent did / said the following. . . Parent / Child responded by...		
Parent was on time for visit..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
It is assumed so, as this is an unsupervised visit.		
Children arrived on time for visit..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Child arrived to visit at 2:24pm.		
Parent stayed entire visit..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
It is assumed so, as this is an unsupervised visit. Visit was extended 20 minutes for Child's late arrival.		
Parent is ready to meet the needs of the child (food, child care supplies, activity items)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
It is assumed so, as this is an unsupervised visit.		
Parent met the child's needs (able to read cues, respond to needs and comfort the child if needed)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
It is assumed so, as this is an unsupervised visit.		



# Visit Report Clinic

## *General Guidelines*

- ▶ The purpose is to draw “an objective picture” of what happened during the visit, so that parties to the case can understand the interactions between the parents and children.
  - ❑ Who was present
  - ❑ When and where the visit occurred
  - ❑ What the family did during their time together
  - ❑ What the family said during the visit
  - ❑ If the child said or did anything while being transported that others should know about
- ▶ Visit Reports
  - ❑ Contain confidential information.
  - ❑ Require protection under the data security requirements
  - ❑ Are a permanent part of the case record.
  - ❑ Provide information about parent’s progress and safety concerns.
  - ❑ Help professionals in the case decide if the visit plan should be modified.
  - ❑ Informs the CA social worker about other services that may be needed by a family.
  - ❑ Informs decisions regarding permanency for the child.



# Visit Report Clinic

## *General Guidelines*

- ▶ Behaviorally Specific Language vs. Opinion
  - Only document specific observable behaviors
  - Describe the child and parent behaviors and statements
  - Use objective language
  - Describe unusual incidents, safety concerns
  - Avoid interpretations, perceptions, judgments
  - Avoid drawing conclusions and making assumptions
  - Choose Your Language Carefully





# Visit Report Clinic

## *Behaviorally Specific Language vs. Opinion*

### Opinion and Judgment

- Parent was rude and vulgar.
- Parent didn't have a clue about changing the child's diaper.
- Parent's home was nasty and unsafe.
- Parent was filthy and drunk.

### Behaviorally Specific Language

- The parent yelled at me and called me a "stupid bitch."
- The parent put the diaper on inside out.
- The parents home had cigarette butts all over the table, dog feces on the floor, and exposed wiring in reach of the toddler.
- Parent's pants had food particles on them.
- Parent had body odor, and her breath smelled of alcohol.



# Visit Report Clinic

## *Report to Caregiver and Social Worker*

- ☐ When and what the child ate or drank
- ☐ Time of last diaper change or toileting
- ☐ Any nap during the visit or transport
- ☐ Any injury to the child
- ☐ Any conversations with or between children that may impact their safety and well being
- ☐ If a visit ended early due to the child's behavior, briefly describe the behavior from the child's perspective.
- ☐ If a visit ended early due to the parent's behavior, only report the visit ended early(to the caregiver).





# Visit Report Clinic

## *Critical Feedback*

- ❑ Font should be Times New Roman, 12 pt, Bold.
- ❑ Be sure to indicate the time of the visit and AM or PM correctly, especially for extended visits.
- ❑ Refer to Tsheets to confirm which office should be referenced on your report.
- ❑ Visit location should always reflect where the visit occurs, especially if it changes for birth parents who have visitation in the community.
- ❑ Under visit participants, list first initial and last name only (including when referring to yourself).
- ❑ Only use initials or generic titles such as mother, father or child in the body of the report. Do not use first names.
- ❑ Carefully track the occurrence of the cancellation according to the relevant party (i.e. birth parents, foster parents, visit supervisor, or agency).
- ❑ Answer all questions using complete sentences.
- ❑ Pay attention to the checkboxes to ensure that you have indicated "yes" or "no" correctly.
- ❑ Do not start a sentence with a verb and use only the past tense.
- ❑ Do not use first person pronouns such as "I" or "me."
- ❑ As the visit supervisor, you are an observer and should refer to yourself as the visit supervisor only - not as a participant in the visit.



# Visit Report Clinic

## *Create An Objective Picture Of What Occurred*

- ❑ Do NOT repeat the language of the question or use general language in your answers, instead give concrete examples.
- ❑ Show HOW a parent is prepared to meet the needs of a child i.e. funds for meals and activities, diaper bag, specific toys and activity items.
- ❑ Show HOW a parent reads a child's cues and comforts them.
- ❑ Show HOW a parent redirects his or her child's behavior.
- ❑ When referring to a previous visit, please cite the actual date instead of the day of week to ensure that the reader will know the exact date.
- ❑ Please be sure to insert "am" or "pm" when articulating times in the report.
- ❑ Be as descriptive as possible. No detail is too minute if it is related to the care of the child.
- ❑ Read your answers carefully and aloud to ensure that you have used the appropriate pronouns, are not missing any words, and are confident in your word choice.
- ❑ Do not include your opinions in the report. Use language such as "it appears or seems" instead of "I think."
- ❑ As a rule, visit supervisors should not cancel visits, so never mention canceling a visit unless you are filing a cancellation report and the reason is a family emergency.



# Intervention During a Visit Session

## *Parent Intervention*

### PARENTS CAN

- Redirect the child to another activity.
- Give time outs or use other skills learned in CA provided parenting interventions.
- Explain to the child why their behavior was wrong and give a positive alternative.

### PARENTS CANNOT

- Use physical discipline (hitting, spanking, grabbing, or shaking the child).
- Be verbally or physically aggressive, threatening, or demeaning to visit participants and/or supervisors.
- Ignore potentially dangerous behaviors of the child.



# Intervention During a Visit Session

## *Visit Supervisor Intervention*

- ▶ Intervene when a parent:
  - ❑ Does not notice or does not address a safety issue for the child.
  - ❑ Does not meet the basic needs of the child.
  - ❑ Is not giving the child their full attention.
  - ❑ Is not aware of child's well-being.
- ▶ How to calmly, respectfully, and discreetly (if possible) remind parent of visit rules and expectations:
  - ❑ Try to avoid addressing the parent in front of the children if possible.
  - ❑ There may be times when discussing the concern after the visit ends will lead to a more comfortable situation and better results.



# Safety is Critical

## *Have A Plan & Develop an Exit Strategy*

### KNOW WHO TO CALL

- ▶ If the Caregiver is not home
- ▶ If a visit ends early
- ▶ If the parent abducts the child
  - Call 911 immediately
- ▶ If a child gets hurt
  - Call 911 if necessary
- ▶ If a parent threatens a Visit Supervisor
  - Call 911 immediately

### KNOW WHERE TO GO

- ▶ Stay alert and identify the exits from the building
- ▶ Sit close to the door in order to quickly put distance between you and any potential conflict
- ▶ Sitting near the door will enable you to remove the child, close the door, and move to another room if necessary
- ▶ Contact the Agency Director and the Caregiver for next steps
- ▶ The Agency Director will file an Incident Report



# Incident Reports

## *Who, What, Where, When, & Why*

- ▶ Unusual incidents which require an immediate phone call to the social worker and/or their supervisor, and a written Incident Report within 24 hours.
- ▶ Parent or Child:
  - ❑ Engages in physical self-abuse or abuse of others
  - ❑ Exhibits sexual behaviors
  - ❑ Exhibits unusual behavior
  - ❑ Leaves or runs away
  - ❑ Requires medical attention
  - ❑ Makes suicidal threats or behavior
  - ❑ Exhibits behavior that causes signs of extreme distress in a child
  - ❑ Fails to comfort a child who is showing signs of extreme distress
- ▶ Depending on the situation, these incidents can also be grounds to end a visit early.





# Mandatory Reporting

## *Who, What, & When of reporting child abuse or neglect*

- ▶ **Who?** Anyone who has reasonable cause to believe that a child has suffered abuse or neglect can, in good faith, report.
- ▶ If you are identified as a mandated reporter, you are required by law to report your concerns to the local Children's administration office, Child Abuse Hotline or law enforcement (**RCW 26.44.030**).
- ▶ **What?** Reasonable cause – a person witnesses or receives a credible written or oral report, alleging abuse, including sexual contact, or neglect of a child (**RCW 26.44.030**).
- ▶ **When?** The report must be made at the first opportunity but **in no case longer than 48 hours**.



# Mandatory Reporting

*Who, What, & When of reporting child abuse or neglect*

## ► You are a Mandated Reporter

- **REPORT** all suspected child abuse or neglect.
- **REPORT** if you observe child abuse or neglect when picking up or dropping off a child.
- **REPORT** if you observe child abuse or neglect during the visit.
- **REPORT** if a child discloses child abuse or neglect in the car.

## ► When in doubt, **REPORT!**

## ► **REMEMBER:** You must also submit an Incident Report to the social worker.



# CHILDREN DESERVE TO BE SAFE

*Mandatory Reporter E-Learning*



# What is Child Abuse and Neglect?

## *Definitions & Washington State RCW*

- ▶ **RCW 2644020** defines abuse and neglect as injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed.
- ▶ Abuse and neglect does NOT include the physical discipline of a child as defined in **RCW 9A.16.100**.
  - The physical discipline of a child is not unlawful when it is reasonable and moderate and is inflicted by a **parent, teacher, or guardian** for purposes of restraining or correcting the child.
  - Any use of force on a child by any other person is unlawful unless it is reasonable and moderate and is **authorized in advance by the child's parent or guardian** for purposes of restraining or correcting the child.



# Recognizing Child Abuse and Neglect

## *Signs and Symptoms*

- ▶ The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect.
- ▶ The presence of a single sign does not prove child abuse is occurring in a family; however, when these signs **appear repeatedly** or **in combination** you should take a closer look at the situation and consider the possibility of child abuse.



# Recognizing Child Abuse and Neglect

*These signs may signal the presence of child abuse or neglect*

## THE CHILD

- ▶ Shows sudden changes in behavior or school performance.
- ▶ Has not received help for physical or medical problems brought to the parents' attention.
- ▶ Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.

(continued...)

- ▶ Is always watchful, as though preparing for something bad to happen.
- ▶ Lacks adult supervision.
- ▶ Is overly compliant, passive, or withdrawn.
- ▶ Comes to school or other activities early, stays late, and does not want to go home.





# Recognizing Child Abuse and Neglect

*These signs may signal the presence of child abuse or neglect*

## THE PARENT

- ▶ Shows little concern for the child.
- ▶ Denies the existence of or blames the child for the child's problems in school or at home.
- ▶ Asks teachers or other caretakers to use harsh physical discipline if the child misbehaves.

(continued...)

- ▶ Sees the child as entirely bad, worthless, or burdensome.
- ▶ Demands a level of physical or academic performance the child cannot achieve.
- ▶ Looks primarily to the child for care, attention, and satisfaction of emotional needs.



# Recognizing Child Abuse and Neglect

*These signs may signal the presence of child abuse or neglect*

## THE PARENT & CHILD

- ▶ Rarely touch or look at each other.
- ▶ Consider their relationship entirely negative.
- ▶ State that they do not like each other.

Author: Child Welfare Information Gateway (<http://www.childwelfare.gov>)



# How to Report Child Abuse or Neglect

## *What & Where of reporting*

### What is Reportable?

- ▶ Physical Abuse (WAC 38815009)
- ▶ Sexual Abuse (WAC 38815009)
- ▶ Sexual Exploitation (WAC 38815009)
- ▶ Negligent Treatment or Maltreatment (WAC 38815009)
- ▶ Abandonment (WAC 38815011)

### Where do I report?

- ▶ To a law enforcement agency or CA Child Protective Services (CPS) Intake.
- ▶ Daytime: Contact a Local CA CPS Office
- ▶ Nights & Weekends: Call the Child Abuse and Neglect Hotline
  - 1866ENDHARM (8663634276)
  - Tollfree, 24hour, 7dayaweek



# How to Report Child Abuse or Neglect

*Call your local intake number to report abuse or neglect*

## REGION 6: 1-866-764-2233

- ▶ Questions that will be asked when you call
  - The name, address and age of the child.
  - The name and address of the child's parent, guardian or other persons having custody of the child.
  - The nature and extent of the abuse or neglect.
  - Any evidence of previous incidences.
  - Any other information which may be helpful in establishing the cause of the child's abuse or neglect and the identity of the perpetrator.
- ▶ You do not need to have all of the above information when you call to make a report, but the more accurate information you can provide, the better equipped the offices will be to assess the child's safety.



# Common Indicators of Physical Abuse

*Consider the possibility when...*

## THE CHILD

- ▶ Unexplained burns, bites, bruises, broken bones, or black eyes.
- ▶ Fading bruises or other marks noticeable after an absence from school.
- ▶ Frightened of the parents and protests or cries when it is time to go home.
- ▶ Shrinks at the approach of adults.
- ▶ Reports injury by a parent or another adult caregiver.

## THE PARENT OR CAREGIVER

- ▶ Offers conflicting, unconvincing, or no explanation for the child's injury.
- ▶ Describes the child as "evil," or in some other very negative way.
- ▶ Uses harsh physical discipline with the child.
- ▶ Has a history of abuse as a child.

*Author: National Clearinghouse on Child Abuse and Neglect Information (DHHS)*



# Common Indicators of Neglect

*Consider the possibility when...*

## THE CHILD

- ▶ Is frequently absent from school.
- ▶ Begs or steals food or money.
- ▶ Lacks needed medical or dental care, immunizations, or glasses.
- ▶ Is consistently dirty and has severe body odor.
- ▶ Lacks sufficient clothing for the weather.
- ▶ Abuses alcohol or other drugs.
- ▶ States that there is no one at home to provide care.

## THE PARENT OR CAREGIVER

- ▶ Appears to be indifferent to the child.
- ▶ Seems apathetic or depressed.
- ▶ Behaves irrationally or in a bizarre manner.
- ▶ Is abusing alcohol or other drugs.

*Author: National Clearinghouse on Child Abuse and Neglect Information (DHHS)*





# Common Indicators of Emotional Abuse

*Consider the possibility when...*

## THE CHILD

- ▶ Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression.
- ▶ Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or headbanging, for example).
- ▶ Is delayed in physical or emotional development.
- ▶ Has attempted suicide.
- ▶ Reports a lack of attachment to the parent.

## THE PARENT OR CAREGIVER

- ▶ Constantly blames, belittles, or berates the child.
- ▶ Is unconcerned about the child and refuses to consider offers of help for the child's problems.
- ▶ Overtly rejects the child.

*Author: National Clearinghouse on Child Abuse and Neglect Information (DHHS)*



# Common Indicators of Sexual Abuse

*Consider the possibility when...*

## THE CHILD

- ▶ Has difficulty walking or sitting.
- ▶ Suddenly refuses to change for gym or to participate in physical activities.
- ▶ Reports nightmares or bedwetting.
- ▶ Experiences a sudden change in appetite.
- ▶ Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior.
- ▶ Becomes pregnant or contracts a venereal disease, particularly if under age 14.
- ▶ Runs away.
- ▶ Reports sexual abuse by a parent or another adult caregiver.

## THE PARENT OR CAREGIVER

- ▶ Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex.
- ▶ Is secretive and isolated.
- ▶ Is jealous or controlling with family members.

*Author: National Clearinghouse on Child Abuse and Neglect Information (DHHS)*



# What Happens Once Abuse & Neglect is Reported?

## *Child Protective Services*

- ▶ Offices within local communities are responsible for receiving and investigating reports of suspected child abuse and neglect.
- ▶ Reports are assessed to determine whether the report meets the legal definition of abuse or neglect and how dangerous the situation is.
- ▶ When a report includes an allegation of child abuse and/or neglect and meets the minimum WAC code for child abuse, then the report will be assigned to a CPS pathway for Investigation or Family Assessment Response (FAR).
- ▶ When a report involves a potential crime against a child, the information will be sent to law enforcement.
  - Even though CPS caseworkers and the police work together, they conduct separate assessments.
  - CPS focuses on assessing the safety of the child and needs of the family and law enforcement determines whether or not a crime has occurred.



# What Happens Once Abuse & Neglect is Reported?

## *Protective Custody*

- ▶ When it appears that a child is in danger of being harmed, or has already been seriously abused or neglected, a police officer can place the child in protective custody.
- ▶ Custody of the child is then transferred to CPS which places the child with a relative, suitable other, or in foster care.
- ▶ By law, a child can be kept in protective custody for **no more than 72 hours**, excluding weekends and legal holidays.
- ▶ If the child is not returned to the parents or some other voluntary arrangement made **within 72 hours**, the matter must be reviewed by a court.



# What Happens Once Abuse & Neglect is Reported?

## *Child and Family Welfare Services*

- ▶ Child and Family Welfare Services (CFWS) provides services to children and families to address child safety and wellbeing issues and focus on the specific needs of the parents.
- ▶ Typically children have been removed from the family home and are in outofhome placement.
- ▶ The focus of CFWS is to reunify children with their parents if the child can be safely returned home and if not possible, achieve a permanent plan.



# What Happens Once Abuse & Neglect is Reported?

## *Parental Rights*

- ▶ In very serious cases of abuse and neglect, a child can be removed permanently from the parents.
- ▶ This is called **termination of parental rights**.
  - When this happens, the child becomes legally free through a court proceeding.
  - The parent no longer has any rights or responsibilities toward the child.
- ▶ If a parent voluntarily gives up their parental rights, the process is called **relinquishment**.





# Licensed Early Learning or Childcare Center Complaints

*Contact 1-866-END-HARM*

- ▶ Most licensed childcare programs offer safe and healthy environments.
- ▶ Occasionally, parents may need to report that a childcare facility is not meeting licensing standards.
- ▶ Some of the most common licensing complaint types are:
  - Lack of adequate supervision
  - Insufficient nurturing and care
  - Unsafe facility environment
  - Inappropriate discipline
  - Lack of proper sanitation (and other health concerns)
- If you suspect child abuse or neglect in a licensed childcare facility, contact 1-866-END-HARM to report your concerns.
- Keeping Washington's children safe and healthy in licensed childcare is a communitywide responsibility!



# Suicide Prevention

## *Know the Warning Signs*

- A previous suicide attempt.
- Current talk about suicide or making a suicide plan.
- Strong wish to die, preoccupation with death, giving away prized possessions.
- Serious depression, moodiness, expressions of hopelessness.
- Withdraws from friends and/or social activities.
- Increased alcohol and/or other drug use.
- Changed eating or sleeping patterns.
- Severe drop in school performance.
- Takes unnecessary risks.
- Recent suicide attempt by a friend or family member.



# Suicide Prevention

## *Intervention Tips*

- Get help from persons or agencies specializing in crisis intervention and suicide prevention.
- Trust your instincts. If it seems that the situation may be serious, seek prompt help. Break a confidence if necessary, in order to save a life.
- Offer help and listen. Encourage depressed youth to talk about their feelings. Listen, don't lecture.
- Be direct. Talk openly and be matter of fact about suicide.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.



# Suicide Prevention

## *Hotlines, text, and chat resources*

- ▶ National Suicide Prevention Lifeline
  - 1-800-273-8255
  - 24hours a day, 7 days a week
- ▶ Text “HEAL” to the Crisis Line at 741741
- ▶ Lifeline Chat:
  - <https://suicidepreventionlifeline.org/chat/>
- ▶ Teen Link
  - 866-TEENLINK (866-833-6546)
  - Ask to talk to a peer
  - Open 6:00 pm - 10:00 pm
  - Chat available 6:00 pm - 9:30 pm daily.



# Suicide Prevention

## *Other Resources*

- ▶ Crisis Clinic of Thurston and Mason Counties <http://www.crisisclinic.org/>
  - Youth Help Line: 360-586-2777
- ▶ ImHurting Crisis Chat <http://www.imhurting.org/>
- ▶ SoundCareKids <https://bit.ly/2lQ8yhq>
  - Bereavement Program: 877-620-3286
- ▶ 8 Suicide Prevention Apps <https://bit.ly/2KmKAFV>
- ▶ Calm Harm provides tasks to help you resist or manage the urge to selfharm, including cutting. If you want to you can set a password so that it's completely private. <https://calmharm.co.uk/>
- ▶ Stop, Breathe & Think Meditation & mindfulness to help you build the emotional strength and confidence to handle life's ups and downs. It has a unique approach that allows you to check in with your emotions, and then recommends short, guided meditations, yoga and acupressure videos, tuned to how you feel. <https://www.stopbreathethink.com/>
- ▶ Headspace offers guided meditations, animations, articles and videos. <https://www.headspace.com/>



# Medical Emergencies

## *Tips for Calling 911*

- ▶ Is a person hurt or in danger? Do you need the police, fire or ambulance?
  - An emergency is any serious situation where a law enforcement officer, fire fighter, or emergency medical help is needed right away.
  - If you are unsure of whether your situation is an emergency, go ahead and call 911.
  - The 911 call taker can determine if you need emergency assistance and can route you to the correct location.
- ▶ If you do call 911, even by mistake, do not hang up the phone.
  - Stay on the line until you can tell the call taker that you called by accident and there is no emergency.
- ▶ When calling 911, do your best to stay calm and answer all questions.
  - Staying calm can be one of the most difficult, yet most important, things you do.
  - Listen and answer the questions asked.
- ▶ Know the location to get the appropriate police, fire or EMS units to respond
  - Look for landmarks, cross street signs and buildings.
  - Know the name of the city or county you are in
  - Provide an accurate address where possible





# POP QUIZ



# HUMAN RESOURCES



# UPCOMING ALLIANCE TRAININGS

## *Classes To Watch Out For*

### GUIDELINES FOR DIFFICULT CONVERSATIONS

- Shelton, 10/28, 1:00 pm - 4:00 pm

### VERBAL DEESCALATION

- Kelso, 10/5, Saturday, 9:00 am - 4:00 pm
- Auburn, 10/10, Thursday, 9:00 am - 4:00 pm
- Kent, 12/14, Saturday, 9:00 am - 4:00 pm

### EMOTION COACHING

- Tacoma, 10/24, Friday, 6:00 pm - 8:00 pm
- Redmond, 12/7, Saturday, 9:00 am - 11:00 am

### FOSTERING CHILDREN & YOUTH THROUGH TRANSITION, GRIEF, & LOSS

- Tacoma, 11/30, Saturday, 9:00 am - 2:00 pm



# CONTINUING EDUCATION

## *Annual 15-hour Training Requirement*

- Please clock in for the training. Remember, you are compensated for classroom time but not travel time.
- Please send in your training certificate to [hr@joininghandsvisitation.org](mailto:hr@joininghandsvisitation.org).
- You will not be compensated for your training hours unless you submit your training certificates.



# RECOGNITION & ACKNOWLEDGEMENTS

## *Celebrating 2 Years of Service*

### CONGRATULATIONS!

- Kimberly Nowells
- Lois Parks
- Nikita Nowells
- Tara Bethea



# RECOGNITION & ACKNOWLEDGEMENTS

*Wishing You Many Happy Returns*

## HAPPY BIRTHDAY

- Nikita Nowells – October 2<sup>nd</sup>
- Hannah Threatt – October 11<sup>th</sup>
- Amanda Williams – October 14<sup>th</sup>
- Payton Jones – October 24<sup>th</sup>

