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| logo_forms | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-11) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance. | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | I. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  Dealing with Angry and Potentially Dangerous Library Users | | | | | | | | | | |
| Description of Program  Good manners and a friendly demeanor can handle most library customer issues. But what if being courteous is not enough? Do you, your staff, and your co-workers know what to do if someone is emotionally bullying or physically threatening to staff or other customers? Belligerent? Acting out because of drugs, alcohol, or other cognitive issues? Refusing to leave? Caught stealing or damaging property?  The awareness, attitude, and actions of library employees are the first defenses against customers who are AOA (Angry on Arrival).  Make safe practices a priority for front line staff. Planning, consistent enforcement of policies, training, support from supervisors and managers, and applied technology can work together to protect employees, custom | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  4/8/2020 | | To *Mo./Day/Yr.*  4/8/2020 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  WVLS, NWLS, SWLS | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | II. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed *Mo./Day/Yr.* | | |